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THE HEALTH GAME

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THE subject of nutrition today is an all engrossing one perhaps because it has been translated in terms understandable by the veriest man in the street. For that reason and because nurses are expected to and must know of all recent advances in science affecting the physical welfare of humans, it behooves us to be in the vanguard in our understanding of this newer knowledge of nutrition.

THESE ARE THE RULES OF THE GAME

A full bath more than once in a week.

Brushing the teeth at least once a day.

Sleeping long hours with windows open.

Drinking as much milk as possible, but no coffee or tea.

Eating some vegetables or fruit every day.

Drinking at least four glasses of water a day.

Playing part of every day out of doors.

A bowel movement every day.

The elusive and fascinating vitamine has come to stay in our vocabulary of essentials and we eagerly scan the pages of new articles upon this and kindred subjects to note the earliest hint of a possible addition to the family now composed of Vitamines A, B, and C. Before we arrived at the stage where vitamines form the subject of daily conversation, we had somewhat familiarized ourselves with the number of calories of food required to maintain health under varying conditions. Have we, I wonder, applied all or any of the above to our own regime and that of the individuals for whom we are responsible or with whom we have daily contact?

To those nurses to whom, heretofore, nutrition has been a subject of only passing interest, it will no longer suffice to admit or to say: "I am not concerned with that matter—that can be left to the specialists in that field" *because*, the chemistry of food and nutrition has been extensively interpreted in such simple language that its application is equally simple.

We cannot afford to be confronted with such queries from a small brother, sister, or patient as "Who are the

FOOTNOTE—This is the first of a series of articles on Nutrition now being prepared for the *Journal*.

vitamine triplets?" or "What do they mean when they say green vegetables and fruits are *friends* of little children?" Adult patients or friends, too, *will* ask such staggering and persistent questions about their own particular dietary problems that we who are expected to, *must* know the answer.

Graduate nurses can more or less pursue the study of nutrition as an avocation, if for no more serious reason, and be comforted with Dr. Caroline Hedger's experience with music as a diversion. The student nurse in training must, on the other hand, depend upon what the curriculum offers in this as well as other subjects in preparation for her future. The course of study in Dietetics will not, it is certain, give her a clear conception of this important field *unless* such courses have been rejuvenated. Unfortunately Dietetics has in the past been presented in such fashion as to be practically lacking of application to condition or treatment of patients. So much so that it has rarely been a popular subject with nurses in training and there have been few who did not welcome release from the theoretical discussion. The practical part, while decidedly more interesting, quite generally led to the making of endless loaves of bread (particularly if one proved an adept) or an equally endless procession of cream soups or white sauces with an occasional bright spot when one was allowed the preparation of a delectable and dainty dessert to renew one's interest. Very little connection indeed did there seem to be between theory and practice. Take, for example, one's introduction to the children's ward and the deficiency diseases or intestinal disturbances commonly met with there and the milk formulae and carefully adjusted diets prescribed.

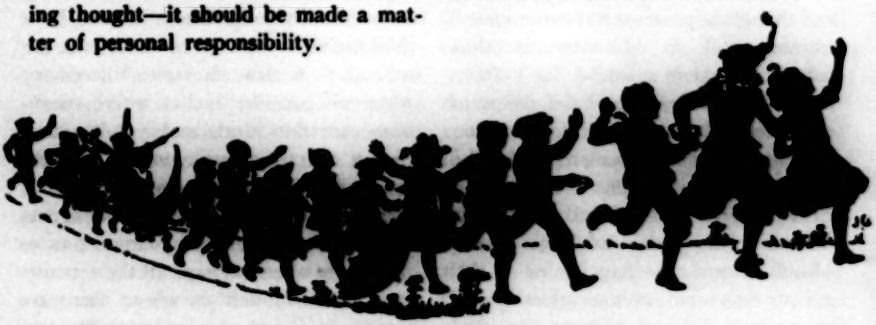
However, the student nurse of today stands a fairer chance of understanding the importance of nutrition and has greater respect for the specialists who can give a clear exposition of this subject. Fortunate indeed is the training school which through its proximity to a well known nutrition laboratory may extend to its student body the opportunity of lectures by the scientist in charge of the Department of Chemical Hygiene there and the rare privilege of seeing this research work applied to colonies of rats. And such a picture as that rat laboratory presents! Each family living within its own little unit and each one's history, past, present and probable future, so well known by the skilled Associate in charge that one grasps at once the story presented in words, in typed dietary, and the appearance of the rats themselves! A certain Mrs. Rat we feel sure stands a slim chance indeed of raising her progeny or indeed of bearing young at all unless she is allowed to mend her ways and be given a well balanced and adequate diet. To see this skilled interpreter of rat nutrition handle the rodents with a long slender pair of tongs, expatiate on the beauty of a coat, show the development of a peculiar eye disease, or even do an autopsy to disclose a well defined "rosary" lends deep significance to the need of information on this subject. Not all training schools are so forunate but there is hardly one which does not now provide in its curriculum, some consideration of and time for this important subject.

Dr. McCollum's emphatic reminder that a wise choice of food is the most important factor influencing the welfare

of human beings or the lower animals, we would do well to consider. It is, however, one among other important hygienic factors all of which we, as a profession, should be the first to put in practice. It is doubtful whether partaking of the wisest selection of food would suffice to conserve health without due regard to the hours of sleep, rest and recreation required. Without sunshine and air and freedom from dust, we would hardly expect a plant to survive, even though its soil be ever so well nourished and watered. That we must think in terms of general health and not confine our attention wholly to the subject of foods is on the whole a comforting thought—it should be made a matter of personal responsibility.

The normal growth and development of the child was given thoughtful emphasis by Dr. William Palmer Lucas long before he presented that subject in such a masterful fashion at the Seattle convention last summer. That address renewed our faith that the goal we are all striving for, whether for ourselves or others, is an ideal to which we are justified in clinging. There was a challenge flung to the breeze there, however, which *must* be met. Just talking health won't do,—we must look and act that part.

Little children today are all over the world playing the "Game of Health,"—a buoyant, stirring game. It behooves us to enter that charmed circle.



PRIVATE DUTY AND THE PUBLIC SERVED[1]

By Mrs. J. C. Parrish

WHEN I was asked to read this paper, I accepted the honor you bestowed upon me without many qualms, but as I began to study the subject I realized more and more what a disadvantageous position I really was in, because unless I spent the time in flattery you might put me down as the "choleric" patient when ill and I would be forever shunned by the nurses of the State. However, being in excellent health at present, I am going to take chances and tell you a few things that have been bothering me and the rest of the innocent public for some time.

In everything that I have to say, I am assuming that the fundamental principle

[1] Read at the annual meeting of the Missouri State Nurses' Association, Columbia, October, 1922.

in nursing is service, and the first logical question is, "How can the nurse put herself in a position to serve?"

First, she must have a desire to serve, and with such a desire she will seek an education, which is a necessary factor in this connection. I have been extremely interested to find in reading the Department of Nursing Education in the *American Journal of Nursing*, the pamphlet containing a List of Schools of Nursing Accredited by the State Boards of Nurse Examiners, and the various articles such as Dr. Beard's, "The Education of the Nurse." I found that the requirements for entrance to nursing schools have steadily increased and that great progress has been made in training and in education in those schools. That is splendid, for it is impossible for anyone to have too much education or too much training. To a thoroughly educated person, no detail of housekeeping or nursing is drudgery because she sees the small and insignificant deed as a vital part in the larger scheme. Many times nurses have failed in their private duty and have brought the whole group into disfavor because they have said that certain things were for them to do and other things must be done for them; this sometimes leads to such complications in a home that it is regretted a trained nurse ever entered it. A broad outlook on life also makes it possible for a nurse to give and receive more, in her relation with her patient.

Another important factor in serving the public is experience. The lack of experience is probably the weakest point in the calling as it is judged today by the public. Lawyers, doctors, dentists, teachers,—in fact, all professional men and women after years of preparation gained at a great expense are compelled to spend a long time in barely eking out a livelihood while they are proving to the public their ability to serve them. On the other hand, a recently graduated nurse starts off with the maximum remuneration that any nurse with years of experience may hope to get. The public demands experience in nursing as in any other service which is rendered to it. It is the lack of experience on the part of recently graduated nurses which has often caused the public to look to the practical nurse who has nothing to recommend her except her experience.

So far in my discussion I have been thinking of homes where conditions are normal. A new factor is necessary when we consider homes where conditions are not ideal, and yet for that reason a trained nurse might find her greatest field of usefulness. Under such conditions she must have a willingness to adapt herself to trying circumstances in a home where perhaps all the servants have suddenly left or where there are none. It is not the easiest matter in the world to keep servants in a home where disease has entered. They usually see the situation as so much additional drudgery and yet the poor mother or father, as the case may be, is less able to cope with the situation than if he had a servant to help. Undying gratitude and prestige would be won by the person who, being first a woman with great adaptability and native talent, and second with training and a genuine cheerfulness, brings order out of chaos. Often times this is the great factor in the restoration of the ill person. The nurse might well ask herself, "Am I

willing to face such possibilities perhaps over and over again and still be cheerful and optimistic?" and if she cannot answer in the affirmative then consider whether she has not missed her calling.

Recently I have had an opportunity of observing a first class hospital at very close range, as I was not the patient. Since I had this paper in mind I watched every detail. I was not allowed to bathe my baby nor to take her temperature, but to let the particular nurse do it caused much crying and consequent harm to the baby's throat which had just been operated upon. After an hour of patient effort to soothe the irritable and suffering child to sleep, the nurse rushed in brusquely, threw back the covers and proceeded to take her temperature, because "it must be taken every four hours," thus undoing all that I had done. After these experiences and many more, I came to the conclusion that hospital rules are often too lacking in flexibility to be of any real benefit to the patient and I wondered if the continued observance of very rigid rules during impressionable years might not render nurses less efficient in dealing with the complex conditions of the outside world. It may also account for the autocratic attitude some nurses assume when they in turn are put in authority.

The question now arises, How can those conditions of training be improved and how can the standards be raised? I should think that the most important means would be found in just such a convention as you are now holding, where you feel free to discuss all problems, pro and con. Another means would be found in trying to force your conclusions upon hospitals and training schools through those nurses who are on the hospital staffs and faculty or through those influential with such persons. It has seemed to me unwise to force too much by way of legislation. I have in mind Senate Bill No. 380 referred to in a magazine sent to me by your President. As long as you raise your standards and increase your ability by means of education, you will find your efforts and successes lauded by the public, and whenever it is possible the public will seek you, but a shadow passes over your influence with the public when you tell them that they can have only you and you have not convinced them that you are in every way superior to the practical nurse whom they have learned to trust and who can be found at a much less price.

I hold no brief for the practical nurse although I have known many who were past masters in meeting difficulties that arose. The discrimination of this law against them will cause them to leave the work and when they are gone, unless you fill their places the public will suffer. We have had to depend upon them in small towns and in the rural districts because such places are not attractive to graduate nurses and in an emergency it is almost impossible to get them through city registration bureaus. If we do succeed we run the risk of getting one who is not capable of meeting home emergencies in a small town. We have had to depend upon nurses who, although they had little technical training, had a great native ability and adaptability and except in very serious illnesses and acute stages of disease, common sense, adaptability, and willingness to follow instructions count for more than a certain technical training. Since the law was passed, I haven't seen a great

inroad of trained nurses to take their places.

I do not want to leave you with the impression that I am prejudiced against the trained nurse, I am far from it. To my mind, there is no woman superior to her, when she adds to rich natural talents, technical training and a broad outlook upon life. From my own personal experience I know that you have many such among you in this State, and I shall watch in the future with great interest for the development of many more because of your determination to have a broader foundation and better conditions of training.

THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE[1]

By Richard Olding Beard, M.D.
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No more significant event is recorded in the history of the nursing profession in America than the Report of the Rockefeller Foundation, through its appointed committee, upon nursing education. In the annals of professional progress it stands beside the Report of the Carnegie Foundation, of a few years ago, upon medical education.

It was peculiarly fitting that the preliminary report of this three years' survey should be submitted as it was last June, in Seattle, to the joint session of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing. Manifestly, it was impossible that action, which requires study and deliberation over the substance and conclusions of the Report, should be taken at that time. It is unfortunate that while we have here the argument and the conclusions, doubtless the meat of the Committee's Report, the statistical body of it is still lacking and that some time will yet elapse before it is off the press. Discussion of the Report in its present form is permissible but deliberative action should await the appearance of the detailed Survey. It will be further unfortunate, I think, if such action is postponed until the next biennial meeting of the great nursing organizations of the country. Would it not be fitting that in each state, the State Association, the League of Nursing Education and the Public Health Nursing Organization, if there be one, should appoint joint committees to undertake the study of the full report and to submit recommendations to their next annual meetings. The members of the profession in each State would be educated thereby and would mold, in turn, the final judgment of the national bodies. Surely we should not fail of the largest attainable results of the Survey.

I would reiterate once more the belief that it is not the medical profession, not the administrators of hospitals, nor

[1] Read at the annual meetings of the Iowa, Minnesota, and Missouri State Associations of Graduate Nurses and before a joint session of the Medical, Hospital, and Nursing Associations of Manitoba and Western Canada.

the associations representing either, that must eventually settle the issues and control the policies of nursing education. It is the great body of the nursing profession in America. This body is answerable to but one tribunal, the court of public welfare. As you are, and must ever remain, a profession of service, you must finally hold yourselves responsible to the people "whose you are and whom you serve."

In the review and critique of the Rockefeller Foundation's Report upon which I have ventured, I have tried to keep constantly in sight but one objective,—the social good.

The Rockefeller Foundation Committee

Greatly as I honor the men and the women who have given themselves to the work and the worth of their names to the results of the Survey, I could wish, in a way, that the Rockefeller Foundation had seen fit to appoint to this Committee neither nurses nor physicians, but to allow these to serve as witnesses before a lay council. Here and there one gets in the course of the Report a suggestion of compromise between the conflicting views of the two professions, into which the third party in interest,—the public good—does not definitely enter. Perhaps this is inevitable under existing conditions and perhaps we should congratulate ourselves that compromise is possible.

Into so voluminous a report of a survey of so large a field as that of nursing education, it is to be expected that possible errors of fact, and perchance erroneous conclusions of fact, may creep. It is remarkable that one finds so little in the preliminary report to call in question.

One of the first impressions one gets, in the reading of it, is that it is so clearly an echo of many of the things we have been hearing and saying in the years since the Survey began. One of the great values it has for us lies in this,—that it is a composite of the pictures of possible progress we have been roughly painting for ourselves. One wonders that it should have so faithfully presented the mind of the profession.

It gives, at many points, an effective answer to the prejudiced critics of nursing and nursing education. It should lay at rest some of the more unfortunate and unfounded charges that have been brought against the profession of nursing.

The Conclusions of the Rockefeller Report

It does not appear that in such a review and critique of the Report as this it is desirable to discuss seriatim the conclusions to which it comes; but rather to consider these in a sequence in which the conditions found to exist in nursing practice and nursing education today shall come first and may then be followed by the recognition of existing needs and by the suggestion of means and methods by which these needs may be met. In doing this, I shall try to observe a certain order of succession in the several types of nursing service discussed or proposed.

I would caution you not to concentrate your attention too closely upon the conclusions of the Report. Some of its most valuable suggestions are to be found in the context. We may profit by free quotation from its pages.

The Present Status of Nursing Practice

The economic and the social status of nursing practice are discussed in the Survey at a number of different points which we may gather together and upon which we may comment as we go.

It is stated that we have in America "practical" or "experienced" nurses, by which we understand nurses who have had no formal education in nursing, to the number of 151,996; that we have trained and registered nurses in almost equal numbers, 149,128; and that student nurses to the number of 54,953 were registered in Schools of Nursing at the conclusion of the Survey. These, apparently, are census figures and of a good degree of accuracy so far as the last two groups are concerned, because the members of these groups naturally report to the census-taker their definite status. Of very doubtful accuracy are the figures for the first group, because, as anyone at all familiar with census methods knows, there are always mixed or mongrel groups of the statedly employed, among whom are many of nominal or occasional occupation in a given field. This is particularly true of women of this practical nursing group. If we accept the figures, however, at their face value they represent a supply of one nurse, of one sort or another, to 294 people; and a supply of one educated or graduate nurse to 700 people, in the country at large. Putting these figures side by side with available morbidity statistics one is compelled to the conclusion of the Survey that there is no shortage of nurses. To quote from the Report:

> This would seem to give an adequate supply of nurses if numbers alone are considered, provided a proper distribution could be secured.

And again:

> The majority of trained nurses are concentrated in the larger cities, so that the rural districts in many states are wholly lacking in service of this kind. The evidence is that at present, in the cities, the supply of trained nurses is adequate to existing demands in normal times. The reason why many persons who need nursing care in hospitals or in the homes of the poor fail to receive it is to be sought in economic factors, rather than in a shortage of nurses.

There are several considerations tied up in these statements and perhaps they have not fully entered into the account. Faulty distribution of nurses, as of doctors, makes for apparent rather than real shortage, and there is no suggested remedy by which it may be reached. Too great concentration of nurses in the cities makes for uncertain employment in times of prevailing health. Removal of nurses to the country districts means still more irregular and deficient employ. Neither nurses nor doctors can be blamed for their avoidance of rural locations which offer no prospect of steady service and but meagre social or recreational advantages. Only public employ of nurses and physicians in rural districts can meet the ever present needs of these communities and that suggestion borders upon state nursing or state medicine.

It is equally true that no economic provision can be made for a surplus supply of nurses to cover the nursing needs of abnormal times. Epidemics must forever remain a cause of stress and strain upon the communities they invade. The training of all women in the simple details of home nursing suggests a measure of relief in the care of minor cases.

The hospital nursing service presents another angle from which the alleged shortage of nurses must be viewed. Private-duty nurses may be numerous enough to meet the social need in most communities and certainly in the large cities. Student nurses may not be numerous enough to fill the nursing service of the hospitals. Hospitals have multiplied. The public is being educated to resort to them as the suitable homes of the sick. Private-duty nurses are in process of transfer to hospital service, but in no wise proportionally to the increase of hospital patients. One of the arguments for hospital care is the lesser cost of nursing at the hands of student nurses, but these cannot be multiplied beyond the demand for them after they have graduated into private practice. The only possible remedy is the larger employment of graduate nurses for general duty in the hospitals, and hospital administrators do not find the adjustment economically easy. Nothing else will equalize the demands of hospital service and of private practice and, at the same time, put a premium upon gradually increased registration in the schools. The operation of the law of demand and supply has become well-nigh autonomic. It is so quickly sensitive in these days to the need of readjustment.

In one particular, the census total of trained and registered nurses is revised by the Report. It includes 11,000 public health nurses and in the field of public health nursing there is a very real shortage. The Survey says that 50,000 nurses are needed in the public health activities of the country. The deficiency is the more serious because women of the type and preparation for this service are not now to be had in any considerable numbers. Graduate nurses have been striving to answer the demand, but most of them lack the graduate study and the field training they need to fitly undertake this work.

At one point, touching further upon numbers, the Report is conspicuously in error. The poor, by grace of Visiting Nurses in their homes and of both student and graduate nurses in public hospitals, *do not* lack nursing service of *satisfactory quality*. It is rather that large class of people who stand continually in danger of economic disablement by sickness for whom the problem of fit nursing service is an economic one.

Naturally at this point the question of a less highly educated and a lesser salaried nurse, as one of the mooted suggestions of remedy for existing conditions, comes in. The alleged prohibitive cost of the graduate nurse has been the one outstanding argument for the creation of the "sub-nurse." In the view of the Survey Committee, however, it is clearly not a solution of the economic problem presenting itself in the existing status of nursing practice. May I quote from the Report?

> It seems clear to the Committee, however, that *if* two types of nursing service are desirable,

—and the "ifs" and "ands" thrown about this question are significant,—

> the distinction should be drawn, *not* on economic grounds, but according to the types of illness involved. We are even somewhat doubtful as to the possibility of attaining very substantial economies by the introduction of a subsidiary type of private-duty nurse. Our survey of the situation does not indicate that the income of the private-duty nurse is at present a generally exorbitant one, when we take into account the extent of her unemployment,

amounting, the Survey shows, to one-fourth of total time.

If this factor be allowed for, the margin between the average annual income of the private-duty nurse and that of the domestic servant is not so great as to permit of the existence of an intermediate grade on a salary level very much lower than that of the present registered nurse.

This statement is really a body-blow to the spectre of the highly unionized and over-paid labor of the nurse. But its implication goes farther. If graduate nurses are under-employed, the argument for a shortage of nursing service again falls to the ground. And if the production of the "sub-nurse" is not an economic factor, upon what argument does it rest?

The Report turns to the question of the nature of the graduate nurse's employment or, expressed in other terms, the forms of her service to society.

The number employed in various phases of public health nursing we have already cited; but in the field of private-duty nursing the Survey takes a new departure. It attempts to differentiate between the nursing of those who are acutely and seriously ill and the nursing of those who are mildly, chronically or convalescently sick. Of course, no such distinction exists in the actual practice of today and it is doubtful if any safe line can ever be drawn between the two groups. It serves as a tentative basis for the discussion of the two types of nurses, to which we shall presently recur.

The Present Status of Nursing Education

First, let us consider the Survey's estimate, to which still greater interest attaches, of the present status of nursing education. To its statement of facts and its findings, no exception can be taken. Certain of its conclusions of fact are open to discussion. Its note of warning against any diminution of educational standards rings clear. It puts its stamp of emphatic approval upon the preliminary requirements of the high school diploma, or its equivalent, which is understood to mean the usual substitutive examination in high school subjects. It says nothing about an intelligence test. It recommends the general adoption of the preliminary course, devoted to the study of the basic sciences and of elementary nursing procedures, but not as a period of hospital service.

It recognises clearly the present existence of two types of schools of nursing: (a) the hospital training school, and (b) the University School of Nursing.

Its treatment of the difficult problem of present nursing education in the hospital or institutional school is masterly. Its analysis of the type and its origin; its appreciation of its difficulties and of the measure of their overcoming; its unsparing judgment upon its defects,—combine to present the most interesting and absorbing section of the Report and prove the Committee's strong grasp of this, the gravest feature of the Survey.

At the risk of wearying you by a repetition of passages which some of you may have already read, I shall quote at length. I cannot otherwise, or in shorter space, present the findings both for good and ill of the Survey on this subject. Only a clear view of existing conditions can provide the impetus and energize the mechanism of reform.

The development of the hospital training

school for nurses constitutes a unique chapter in the history of education. In almost all fields of professional life, education has begun on a basis of apprentice training. The first law schools and the first medical schools were the outgrowth of the lawyer's and physician's offices. In nearly all other fields than that of nursing, however, even in such relatively new professions as journalism and business and advertising, education has outgrown the apprentice stage and leadership has passed into the hands of independent institutions, organized and endowed for a specifically educational purpose. The training of nurses, on the other hand, is still in the main, actually if not technically, directed by organizations created and maintained for the care of diseases rather than for professional education.

The progress which has been accomplished in nursing education under such anomalous conditions, is such as to reflect high credit upon both hospital administrators and the leaders of the nursing profession. The hospitals have in many instances been inspired by a broad and constructive vision of training school possibilities; while the devotion with which nursing directors have labored for high standards, often against almost insuperable obstacles, calls for the warmest admiration. Yet the conflict of interests between a policy of hospital administration, which properly aims to care for the sick at a minimum cost, and a policy of nursing education which with equal propriety aims to concentrate a maximum of rewarding training into a minimum time, is a real and vital one.

The fact that a field so tempting as that of modern nursing, with its remarkable possibilities of service in public health, in institutional management, and in teaching, fails to attract students in the number and of the quality we should desire, strongly suggests that there is some shortcoming in the established avenues of approach to the nursing profession. The hospitals themselves, depending as they do so largely upon student nurses for their routine operation, have in past years found themselves seriously handicapped by the small number of applicants, and many a superintendent will testify to the fact that the difficulty of securing a high quality of nursing is one of the gravest he has to meet. The phenomenally rapid growth in the number of hospitals has created within a brief period of time a demand for a large number of students and the requirements for admission have therefore been kept at a very low level, resulting in a reduction in the proportion of well educated applicants. For the good of the hospital, as well as for that of the nursing profession and of the public at large, a careful and dispassionate appraisal of the adequacy of the present day training school would seem to be urgently desired.

The Survey, it may be noted, includes an intensive study of 23 schools conducted in hospitals, large and small, public and private, general and special, located in various sections of the United States. The results of this study follow:

The training of the nurse involves a certain basic knowledge of the fundamental chemical and biological sciences, theoretical instruction in the principles of nursing and, above all, supervised practical training in nursing procedures. In all three phases of this work Miss Goldmark's report reveals conspicuous successes and equally conspicuous failures; and the remarkable thing is that successes and failures so often appear side by side in the same institution.

Thus, we may find in a training school with a good ward service that the fundamental science courses fail because of wholly inadequate laboratory equipment. In another school, the theoretical instructor may show a hopeless lack of teaching ability, (as in the case of a class recitation which consisted in the dictation of questions and answers from a prehistoric note-book); or she may be so handicapped by other duties as to leave no time for the proper conduct of her classes. Lectures by physicians may be informative and inspiring in one department of the hospital, irregular in delivery, careless and dull in content in another. Ward assignments are in many cases largely dictated by the need for hospital service rather than by the educational requirements of the students. This is clearly evidenced by the astonishing irregularity of the time spent on different services by individual students and by the marked deviation between the time assignments actually performed

and those scheduled in the official programme of the course. Thus in one school where 7½ months were assigned to surgical service, the members of the class had actually worked on this service for from 7 to 13¾ months. Of the 23 schools surveyed by us, one made no adequate provision for obstetrical training, while 5 gave no training in pediatrics, 7 no experience in communicable diseases and 18 none in mental diseases. In view of the difficulties in making affiliations in some of these subjects, notably in communicable and mental disease, some of these omissions are scarcely to be wondered at.

The supervision of the work on the wards was in certain instances notably inadequate. In only a few brilliantly exceptional cases was the ward work purposefully correlated with the theoretical instruction. The lack of an intelligently planned progressive training was obvious in a large number of the hospitals studied; first year students often being found in positions of responsibility for which they were wholly unprepared, while seniors in other wards were repeating an educationally idle and profitless routine. Most striking of all, was the factor of time wasted in procedures essential to the conduct of the hospital, but of no educational value to the student concerned. Hours and days spent in performing the work of a ward maid, in putting away linen, in sterilizing apparatus, in mending rubber gloves, in running errands, long after any important technic involved had become second nature, accounted in one typical hospital where this problem was specially studied for a clear wastage of between one-fourth to one-fifth of the student's working day.

The total amount of time assigned to ward service under the conditions which obtain in many hospitals is, in itself, a fairly complete obstacle to educational achievement. Our selected group of hospitals, surely in this respect far above the general average, shows a median day of 8.5 hours on ward duty alone, exclusive of all class room instruction. Irregular and excessive and unproductive night duty is the rule rather than the exception. Crowded and unattractive living conditions tend, in certain hospitals, to impair the morale of the student body; and an atmosphere of autocratic discipline frequently prevents the development of a psychological atmosphere favorable to effective cooperative effort.

The foregoing paragraphs present, we are aware, a somewhat gloomy picture. In presenting them, we would emphasize two points of major importance. In the first place, such shortcomings as have been pointed out are not fairly chargeable to deliberate neglect on the part of hospital authorities or nursing superintendents. In so far as they exist, they are due to the inherent difficulty of adjusting the conflicting claims of hospital management and nursing education, under a system in which nursing education is provided with no independent financial endowments for its specific ends. The difficulties involved in the task of resolving this conflict are perhaps illustrated by the fact that out of 144 registered training schools in New York State, 60 changed superintendents during a single recent year.

In the second place, it is encouraging to note, by reference to Miss Goldmark's report, that every one of the shortcomings in hospital training discussed above has been corrected, with substantially complete success, in one or more of the training schools studied by our investigators. The difficulties are not insuperable. Each of them has been overcome in some schools and most of them in some of the best schools. Training schools exist today in which the student receives a sound and an inspiring education, with a minimum of sacrifice to the exigencies of hospital administration. Yet such schools are still the exception; and we are convinced that the progress we desire can only come through a frank facing of the truth. The following statement is, we believe, thoroughly justified by such facts as we have been able to obtain.

CONCLUSION 5. THAT, WHILE TRAINING SCHOOLS FOR NURSES HAVE MADE REMARKABLE PROGRESS, AND WHILE THE BEST SCHOOLS OF TODAY IN MANY RESPECTS REACH A HIGH LEVEL OF EDUCATIONAL ATTAINMENT, THE AVERAGE HOSPITAL TRAINING SCHOOL IS NOT ORGANIZED ON SUCH A BASIS AS TO CONFORM TO THE STANDARDS ACCEPTED IN OTHER EDUCATIONAL FIELDS; THAT THE INSTRUCTION IN SUCH SCHOOLS IS FREQUENTLY CASUAL

AND UNCORRELATED, THAT THE EDUCATIONAL NEEDS AND THE HEALTH AND STRENGTH OF STUDENTS ARE FREQUENTLY SACRIFICED TO PRACTICAL HOSPITAL EXIGENCIES; THAT SUCH SHORTCOMINGS ARE PRIMARILY DUE TO THE LACK OF INDEPENDENT ENDOWMENTS FOR NURSING EDUCATION; THAT EXISTING FACILITIES ARE ON THE WHOLE IN THE MAJORITY OF SCHOOLS INADEQUATE FOR THE PREPARATION OF THE HIGH GRADE OF NURSES REQUIRED FOR PUBLIC HEALTH NURSING AND NURSING EDUCATION AND FOR SERVICE REQUIRED IN THE CARE OF SERIOUS ILLNESS, AND THAT ONE OF THE CHIEF REASONS FOR THE LACK OF SUFFICIENT RECRUITS, OF A HIGH TYPE, TO MEET SUCH NEEDS LIES PRECISELY IN THE FACT THAT THE AVERAGE HOSPITAL TRAINING SCHOOL DOES NOT OFFER A SUFFICIENTLY ATTRACTIVE AVENUE OF ENTRANCE TO THIS FIELD.

Comment on these extended statements is unnecessary. We recognize in them the replica of our experiences. We hear the echo in this Report of the plea we ourselves have been making to the institutional schools in the recent past. The hopeful thing about it is that they can come up! The chief question to solve, in them and for them, is: *How* shall they come up? They must come up, or they will inevitably go down. The real danger of their depreciation is sensed by the Committee when it recognizes that

there have been persistent and vigorous efforts in certain quarters to break down the standards of nursing education laboriously built up during the past 20 years

and, recognizing this fact, it says in Conclusion 5:

THAT THE CARE OF PERSONS SUFFERING FROM SERIOUS AND ACUTE DISEASE, THE SAFETY OF THE PATIENT, AND THE RESPONSIBILITY OF THE MEDICAL AND NURSING PROFESSIONS, DEMAND THE MAINTENANCE OF THE STANDARDS OF EDUCATIONAL ATTAINMENT NOW GENERALLY ACCEPTED BY THE BEST SENTIMENT OF BOTH PROFESSIONS AND EMBODIED IN THE LEGISLATION OF THE MORE PROGRESSIVE STATES; AND THAT ANY ATTEMPT TO LOWER THESE STANDARDS WOULD BE FRAUGHT WITH REAL DANGER TO THE PUBLIC.

(*To be continued*)

The maintenance of productivity and the advancement of the things of the spirit depend upon the ever-renewed supply from the mass of those who can rise to leadership. Our social, economic and intellectual progress is almost solely dependent upon the creative minds of those individuals with imaginative and administrative intelligence who create or who carry discoveries to widespread application.—*American Individualism*, Herbert Hoover.

NURSING INTERPRETED TO THE PUBLIC

THROUGH their Nurses' Day programme at the Oregon Health Exposition (October 26 to November 4) and by means of exhibits, Oregon nurses presented many facets of the nursing jewel to the public. The programme included "The Daily Life of a Student Nurse," a playlet presented by the Students of the Good Samaritan School; a pageant, the History of Nursing, in which Elnora Thomson played the part of prophetess; and an address by Emily Loveredge.

The State Association arranged an attractive exhibit showing how hospitals help people to "Live a Little Longer." Dolls in uniform carried pennants indicating the many types of nurses prepared by our schools.

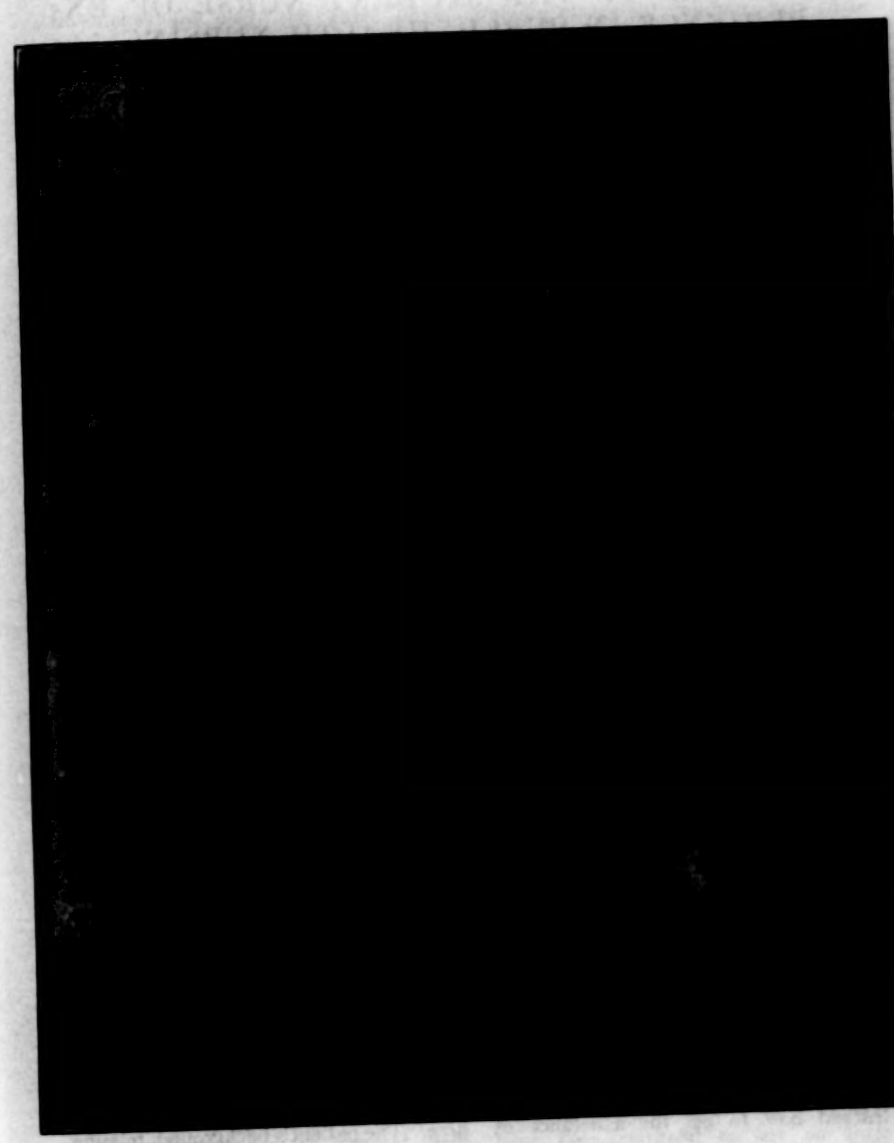
The Oregon League of Nursing Education used the model of a Central School of Nursing, prepared last year by the Indiana League, as the focussing point of an interesting exhibit which also included a map showing the many places where Red Cross nurses are on duty throughout the world.

THE CALIFORNIA LAW

The California Bureau of Registration of Nurses is being flooded with applications for registration from nurses all over the country who have misinterpreted the California nurse practice act and who believe that no nurse who is not a Californian, can be registered in that State after July first, without examination.

Section 8 of the law as amended in 1921 is very clear on this point. It reads as follows:

> The Board upon written application, and upon receipt of fifteen dollars ($15.00) as registration fee, shall issue a certificate of registration without examination to any applicant who has been duly registered as a registered nurse under the laws of another state or foreign country, provided the applicant meets the requirements for certification as provided for in this act.



THE VALUE TO THE STUDENT NURSE OF EXPERIENCE IN PUBLIC HEALTH NURSING[1]

By Mabel Binner, R.N.

IN considering the question of the value of public health experience to the student nurse, we must think first of the rapid development of public health work and the demands it is at present making on the training school. Twenty years ago there were 130 public health nurses in the United States; today there are over 13,000, and many positions are unfilled because of the difficulty of obtaining the right women for the positions. Twenty years ago there was no literature available for public health work; today it is difficult for the nurse to keep up with even a part of what is written.

There were formerly but two fields open to the graduate nurse. She had a choice between private duty and institutional work. That an especially trained woman would be needed for public health work was unheard of, one hospital superintendent remarking: "A good nurse should not be wasted in district work; what those people need is a sort of charwoman to clean things up."

The graduate who enters the public health field, fresh from her hospital training, finds herself bewildered by the complexity of the problems which crowd her on all sides. She usually appreciates that her training has not given her an adequate preparation for the job at hand. Her training has made of her an individual technician; she has been taught to do things herself. She has not learned how to get the assistance of others; she has not learned the necessity of teaching others to help her, or to help themselves.

In the hospital, the patient has come into her environment; most of the adjustment to the surroundings must be made by the patient. The nurse is working under familiar conditions, under close supervision with nurses having the same training, with a limited number of physicians and with adequate equipment. The points of contact are few in number, and shift little from day to day. The patient's background literally and figuratively is the hospital bed; anything more does not exist or is very vague. Often it does not occur to the nurse to ask where the patient came from before he reached the admitting desk, or where he is going when he is dismissed.

In the field, the situation changes. The nurse must work with nurses from many hospitals; the closest supervision leaves her on her own responsibility the greater part of the time; she must work with many types of doctors, often a different one for every patient; her ingenuity is taxed to the utmost to improvise the necessary equipment. When the nurse enters the district home the tables are turned. She is now in unfamiliar surroundings. She must adjust herself to the patient's environment. She finds that the dressing so easily done and over with in the hospital, is a different matter here. The patient's background, missing in the hospital, suddenly becomes a vivid reality.

She finds the fire out because there is

[1] Paper read at the annual meeting of the Illinois State Nurses' Association, Chicago, October, 1922.

no money for coal, the water pipes frozen, the baby crying and neglected, while the mother is out looking for a job. The surgical dressing becomes only one of many problems. Invariably the original call, the dressing or maternity care, as the case may be, serves as an entering wedge, giving the nurse the opportunity to enter the home with her message of public health.

In a home of this type there are children needing orthopedic treatment, tonsils and adenoids to be removed, instruction to be given in nutrition and hygiene, the mental defective to be examined and planned for, pre-natal and post-natal instruction, the many social problems to be treated; the juvenile delinquent, the deserting husband, the unmarried mother.

It is obvious that the nurse cannot attempt all this alone. She must understand the functions of other agencies and individuals in her community, in order to get them to work with her; the relatives and friends, churches, dispensaries, hospitals, the Board of Health, the Associated Charities,—in fact, the normal surroundings of the patient, as well as such organizations as fill the need when the normal surroundings fail.

For this reason a two months' experience for students, such as that planned by the Visiting Nurse Association of Chicago, while not intended to prepare the student nurse adequately for the public health field, will show her the scope of the work. She will appreciate how much she needs to know about the baby after it leaves the hospital, how much she must know to be able to give good pre-natal instruction, to be able to advise the mother regarding the care and training of normal children; how little she knows about preventive work.

Instead of seeing the patient, her hospital, and herself, as isolated units, she will see the relationship of one to the other, and their relationship to the community as a whole. She will see the community grow before her eyes like a mosaic, each new contact becoming a new section of the pattern fitted into the whole. It is upon this fitting in that so much depends.

Not all nurses are suited to public health work. Many nurses who are failures in public health might do excellent institutional or private duty nursing. This is not intended as a disparagement to the private duty or institutional nurse, for it is upon good nursing and good training that public health nursing rests. It is merely a question of individual differences; the music of the cello and of the human voice may be equally beautiful, but were the cellist to sing and the singer to play the cello, our joy in listening might quickly change to misery.

The student nurse, during and after her two months' experience in the public health field will carry back to her hospital much that is of value. Her fellow students will hear of her daily experiences, her successes, her failures. They will see the ward patient with new eyes, particularly, as sometimes happens, when a certain patient is brought in from the district by a classmate.

The superintendent will be better able to advise her students and graduates in planning for the future, after reports have been returned to her on their progress in the field. She will be better able to select the type best fitted for public health work. The superintendent

will learn where the weak and strong points are in the hospital training, as applied to the public health field, and will therefore be better able to adapt the training to these needs, or to suggest supplementary courses.

Much criticism has been brought upon the public health nurse and upon the training school by the nurse who has gone into a community totally unequipped for the task. Only too often she has not realized her own shortcomings. Postgraduate work in connection with one of the universities, or work under close supervision, with a well established organization, will prevent many pitfalls.

Learning by the trial and error method is both costly and dangerous. The student nurse, after her field experience, will know the meaning of public health, and will have enlarged not only her own horizon but that of her fellow students. She will have a better understanding of her possibilities, her limitations, and of what sickness and what health mean to the community, an understanding which her hospital can scarcely give her.

The ward patient will welcome the nurse who has known him as a part of the outside world, who has seen something of his home, his family, his struggles, his ambitions. This student will say, as hundreds of nurses before her have said, "I never knew people lived in such conditions," and wherever she may go she will feel it her duty to open the eyes of others to these conditions, to aid in social betterment, to push forward the movement for public health.

PASTEURIZING MILK FOR A SMALL SERVICE

By Frances Witte, R.N.

HAVING a small obstetrical service, I was at my wits' end as to how to pasteurize the food formulae in some way other than the guess or miss system of a double boiler or other improvised appliances.

I saw advertised in one of our women's magazines a steam pressure cooker, and I wondered if it could be used for sterilizing and pasteurizing. Endowed with a spirit of "when in doubt, find out," I purchased a cooker and I must say that it worked beautifully. The procedure is as follows:

Have a wire frame of sufficient strength to hold 13 bottles. Attach a convenient handle.

To sterilize the bottles, put a small amount of water in the cooker, a bottle in each holder in the frame, and close the cooker. Place over the fire and sterilize for 20 minutes at 15 pounds' pressure. While waiting, prepare the formula.

To pasteurize the food, empty the sterilizer. Place the prescribed amount of milk in each bottle and cork 12 bottles with sterile cotton. In the uncorked bottle, which should be left in the middle of the frame, place a thermometer. Pour enough warm water into the cooker to reach the milk line. Place the cooker, without the cover, on the front of the stove. Watch the thermometer

carefully, and when it registers 165° F., push the cooker to the rear of the stove and maintain this temperature for one-half hour, then cool as quickly as possible. To accomplish this without cracking the bottles, it is best to place the frame with the bottles in a pan of warm water, and add cold water gradually. When they are cold, place the bottles in the ice box and your day's feeding is ready.

Remember that the most important part of the pasteurizing is to cool the formula quickly and to keep it cool or cold.

The entire process takes about one hour. No time need be wasted, as many things can be done while the sterilizing and pasteurizing are in progress, but be sure to watch the pressure and the thermometer.

PSORIASIS: HOW A NURSE SHOULD HANDLE IT

By Matilda Alice Baker, R.N.

PSORIASIS is probably the one dermatological condition in which more depends upon the nurse's knowledge of the treatment and course of condition than any other. The idea that psoriasis can never be entirely cleared up is probably due to lack of knowledge of application of treatment and it is in this that a nurse is particularly interested and should be trained.

There are two generally accepted types of psoriasis, the treatment of which, although locally the same, must be handled differently from a constitutional standpoint. One type is in the over developed, plethoric, red-blooded, robust individual, in whom probably no physical nor physiological disability nor defect can be found. It is this type which has given rise to the old expression that psoriasis is a "healthy man's disease." This type generally presents acute, inflammatory, pretty well generalized skin condition and should be treated locally, at first very mildly, increasing the intensity of treatment gradually, and should be watched very carefully by the nurse. The constitutional treatment consists of:

1. Eliminating from the patient's diet all meat, fish, eggs, sea-food, asparagus, tomatoes, and restricting the diet as far as possible to a very limited, or rather small, well cooked, vegetable, bread and butter and water diet.

2. Administration of fairly brisk catharsis.

3. Administration of alkalies and alkaline diuretics and plenty of water.

4. After the lesions become sub-acute, or more nearly chronic, the administration of arsenic, either by mouth, intra-muscularly or intravenously.

The other type of psoriasis is in the anemic, run-down, under-weight, pale, rather depleted individual.

The course of treatment of this type differs entirely from the other. It consists of:

1. Correcting any condition which might tend to cause run-down, anemic or debilitated condition.

2. Administration of any tonics, cod-liver oil, etc., that the physical examination, the blood-count, blood-chemistry, etc., would indicate.

3. Administration of mild alkaline laxative.

4. Administration of arsenic, beginning with doses of one minim after meals, increasing to two minims on the second day and so on until twenty to forty minims are being taken, according to the ability of the patient to stand the arsenic and the results obtained. Ordinarily, Fowler's Solution of arsenic is used. If, however, the patient seems to show any signs of inability to stand the Fowler's solution, Pierson's solution may be substituted.

Probably the quickest, cleanest, and surest method of local treatment of psoriasis is X-ray in fractional doses, generally very mild ones beginning with one-fourth of an erythema dose and graduating to one-eighth, keeping within a full erythema dose per month. This of course should be in the hands of a physician who is both a competent dermatologist and roentgenologist, or by coöperation of a dermatologist and roentgenologist. The nurse's chief duty in X-ray treatment of psoriasis is to see that the patient is not sent for X-ray treatment within one week after the time that any metallic, irritating, or stimulating agent is used, and that he does not have X-ray treatment for one month after, because of the danger of secondary rays and extra irritation.

Chrysarobin is one of the oldest agents in the local treatment of psoriasis, but it has fallen into disfavor with modern dermatologists for several reasons, some of which are: It cannot be used on the scalp (one of the usual locations of psoriasis) because of discoloration of the hair; if used on the face, the danger of coming in contact with the eyes and producing a conjunctivitis is very great; and it also permanently stains all clothing, bed-clothing, towels, etc., with which it comes in contact.

Mooke, of the St. Louis Skin and Cancer Hospital, obtained very rapid results in clearing up psoriasis at Brest, France, during the World War, where, of course, the main object was merely returning men to the lines as soldiers as rapidly as possible, by painting the individual lesions with 1 per cent phenol in 10 per cent chrysarobin and covering the normal skin or intervening spaces with starch and zinc ointment.

Another of the local treatments of psoriasis consists in applying keratolytics, reducing agents, and drugs which stimulate resolution; as it is a thickened, squamous lesion which is both elevated above the level of the skin and infiltrated and thickened. Probably the local treatment of choice which combines the above three agents consists of a combination of unguentum salycilic acid, ammoniated mercury, (oil of cadini) oleum rusi, (birch tar) or some other tar. The salycilic being the keratolytic, ammoniated mercury the reducing agent, and the tar the stimulant. This is generally accomplished by beginning with from a 2 per cent to 5 per cent ointment ammoniated mercury, which is applied twice daily, increasing the strength of the salycilic acid and ammoniated mercury, every two to ten days, from 2 per cent to 8 per cent. The increase of course is governed by the ability of the patient to stand the two drugs, the results obtained, and the acuteness of the particular condition.

being treated. The oil of cadini, oleum russi, or other tar preparations used may generally be worked into the unguentum in about eight or ten days, but always when acute symptoms have reasonably subsided; or when the keratolytic effect has been reasonably accomplished. The strength of the tar may be increased from 2 per cent to 5 per cent about every four days, being governed the same as the salycilic acid and ammoniated mercury as given above; of course the strength and increase of the unguentum is regulated by the physician, and it is the nurse's duty to properly apply and watch closely the results of the treatment being used, reporting to the physician at once the first signs of any untoward results.

The ointment is generally put up in a petrolatum or cold cream base, it should be applied twice daily, after the scales have been removed as thoroughly as possible by a thorough scrubbing with hot water and soap, or with a greasy substance, such as lanolin, vaseline or oil, the latter being preferable in a very dry type with thickened heavy scales, the former in other types. Great care must be exercised in applying the ointment to the lesions so as to get as little as possible on the normal skin, and to remove this after the treatment has been finished with gauze and oil. In the above treatment the nurse should watch very carefully for signs of irritation or dermatitis, discontinuing treatment at once and applying a mild soothing ointment or lotion and notifying the physician at once.

Where unguentum ammoniated mercury is being used, the nurse should instruct the patient carefully to cleanse the mouth and brush the teeth two or three times daily and report to her the first signs of soreness of the teeth or gums. Should any of these signs occur, the nurse should discontinue the ammoniated mercury at once and give a mild, soothing, astringent mouth wash, also a laxative and report the condition to the physician at once.

While psoriasis is generally sure to recur, the nurse's duty has been fulfilled if she faithfully abides by the orders given and conscientiously does her best to adhere to the details outlined above, whether they be in detail ordered or not.

She can also be of a world of assistance to humanity if she will carefully instruct the patient, within the license which the attending physician has given her, that he is, as far as possible, to remain on a protein-free diet and to apply for treatment to a competent dermatologist at the least sign of an outbreak of psoriasis.

If most sufferers from psoriatic lesions would abide by those instructions, there would be far less of the embarrassing situations which occur at times, when the patient has neither the time nor money to have the lesions treated before a certain date, which is very obnoxious, there would be much less of the suffering and discomfort and a smaller chance of the patient's falling into the hands of those who are not dermatologists; having very little or no knowledge of the condition which they are treating; and receiving treatment which results in epitheliomas (rather rare) and exfoliative dermatitis, which is probably one of the most incurable and horrible conditions that any human being could encounter and which is frequently seen by dermatologists in large skin clinics,

and is always due to the over-treatment, mal-treatment or wrong diagnosis of psoriasis.

Psoriasis, if properly handled by a competent dermatologist, and the treatment supervised by a properly trained skin nurse, can generally be eradicated in from three to eight weeks; and if a patient will abide by instructions in regard to diet, etc., and return for treatment at the first outbreak of the trouble, it may be kept as a matter of inconsequence, more or less permanently, and can certainly be alleviated more quickly, more easily, and more satisfactorily than otherwise.

SCRAP BOOKS FOR REFERENCE MATERIAL

"YES, I have had it but I can't find it now when I really need it!" How often one hears that statement about a valuable pamphlet or reprint. In discussing this problem recently, a vivacious superintendent of nurses said: "I used to keep reference material in a box but I had to paw through it like a woodchuck if I wanted anything in a hurry. I now find that a series of carefully labeled large envelopes answers my need very well."

With a growing flood of general and technical literature on nursing and on allied subjects such as Cancer Control, Social Hygiene, and Mental Hygiene,—to name only a few examples,—every nurse is confronted with the necessity for weeding out material that is of little direct value and of preserving that which may be needed in the development of her own work. Directors and instructors in our schools face this problem constantly for they have pathetically little clerical assistance as compared with their growing obligations in relation to the whole field of health. Many private duty and public health nurses have valuable collections of material which their friends are prone to call upon!

Scrap books have long been considered old fashioned, but a scrap book that has the advantages of a filing system should be a boon to busy people. We have recently seen such an one. It is capable of considerable expansion as it is built on the loose leaf plan. There is no bother about paste or stickers as it contains little gummed tabs that invite the attachment of printed material.

Our admiration was roused by one of these books prepared, upon request, by the National Health Library for the use of a hospital. It contains all of the recent literature sent out by one of the great health organizations, a series of carefully selected reprints, and a set of photographs illustrating the work.

We commend the method to busy and well-read people who have learned the value of supporting arguments and of exact quotations in their conferences or public addresses and to the teachers who must constantly supplement text and reference books with material from current literature. In this age of specialization no head can carry detailed information on many subjects, but the educated person has the ability to find and use stored knowledge. The method suggested should lighten the burdens in so far as it relates to unbound material.

THE RURAL SCHOOL HEALTH QUESTION AS SOLVED BY EL PASO COUNTY, COLORADO

By Irene Morton Richmond, R.N.

FOR the past five years the city schools have had a staff of school nurses. Their success made the rural districts demand a school nurse, a short time later. The National Tuberculosis Association and the county, each paying one half of her salary, a nurse was employed, but the fact that El Paso County is spread out over such a large area, and the frequency and severity of the storms in the region during the school year, made the work of the rural school nurse very difficult. She was obliged to spend so much of her time on the road that at the end of the year the report of the work done, compared with the amount of work *to be done*, was most discouraging and the commissioners felt that they were not justified in continuing the office of county nurse, unless more than one could be put on and there were not funds available for two.

El Paso county has made strides during the past few years in centralizing and consolidating her schools. Fifty-three schools have been centralized into fifteen; and twenty-three districts have been consolidated into seven, thus giving the children the advantages of a graded school and an additional one or two years of high school work, doing away with the old difficulty of some schools having too few and some too many pupils. The problems of transportation have been solved by the school boards operating closed busses which call at the homes and carry the children to and from the school houses.

At the beginning of this school year, the county superintendent and her coworkers felt that some effort should be made to check up the health of the children of the rural schools. Not knowing exactly how to go about it, she appealed to the county physician who suggested the plan which is being carried out with such good results. I shall describe our first trip to a consolidated school.

Dr. Peter had put the matter before the members of the Medical Association and asked for volunteers, from the various lines of work, to give one-half day each of their time, and the response was hearty.

On the day set, two general practioners, one pediatrist, one surgeon, two specialists of the lungs and heart, two nose and throat men, one eye specialist, one nerve specialist and the County physician with a corps of nurses, including representatives from the National Tuberculosis Association, The Visiting Nurse Association, and the Child Welfare League, started in time to reach the school soon after nine.

Peyton, our destination, is one of the progressive schools in the county that believes in keeping the mind healthy by keeping the body well nourished. They have a large domestic department in the basement of the school house which is equipped with long tables and benches. There is a kitchen adjoining. Hot heavy soups or boiled vegetables are served at noon, the children supplying their own sandwiches and desserts. This room was

ideal for general examinations, and the library room also in the basement, was utilized by the nose, throat, nerve, and eye specialists.

A circle was formed. Beginning with the smaller girls, the children made the rounds. First, they were measured and weighed. Their name, age, grade, height and weight, with what they should weigh—according to the Child Welfare standards—were placed at the top of a sheet of paper. This paper was given to the child and he carried it with him in his rounds. Their general development, nutrition, weight, bearing and any irregularities needing surgical correction or change of habits of carriage were noted by the general medical men, pediatrician or surgeon, and recommendations were made on each child's paper. While the children were already partly undressed, their chests were gone over. Then the nose and throat specialists passed on the conditions of nose and throat, removed hardened cerumen where necessary, and reported the condition of the teeth. Owing to the crowd and the shortness of time, the work of the nerve and the eye specialists was short, but the findings of these two completed the examinations. Each doctor initialed his report.

At noon a sumptuous dinner of "fried chicken and all the trimmin's" was served to us and to the members of the school board, faculty, and the parents who had come in for the occasion. The county physician explained the aim and nature of the examination and pointed out that no parents were to feel under compulsion, but that they were at liberty to send children needing work done to any doctor they chose. If for financial reasons, they hesitated, they were asked to see the county physician before deciding. He made all present feel that the sole aim of the examination was the welfare of the child. He might have added, though he did not, that it would have been difficult to have secured so complete and thorough an examination by that number of specialists had they brought their children to town for the purpose.

Each child left his papers with the last doctor who examined him. The teachers took charge of the papers and went over them with the County physician. Later they were turned in to the County superintendent's office with the special recommendations underscored, and letters were sent to the parents emphasizing the necessity of having these things attended to at once, and wherever possible, stating the price for which the work could be done.

On the whole, the children were found to be much more healthy than those in the city schools. Most of the recommendations were for dental work and tonsillotomies, with a few children needing glasses, a few undernourished, and a few not seeming to get as much rest as they should.

Everyone seemed to have enjoyed the day; calls are coming in from other schools, and plans are being made for other such days, with a great deal of enthusiasm on the part of physicians, teachers, and parents.

EDITORIALS

Expansion at National Headquarters

WE wish every nurse could visit our National Headquarters because words so poorly describe things of the spirit. The close proximity of offices expresses far more than a mere business and geographic relationship; it is an expression of coöperative effort, of mutuality of aim, that augers well for a true advancement of nursing.

The National Organization for Public Health Nursing already has a large and growing headquarters organization. The growth there of the work of the National League of Nursing Education and of the American Nurses' Association has been slower, largely because of lack of funds. Their development is of many sided interest because still another national organization, the American Red Cross, has played a very important part. It was in February, 1919, that the Red Cross established a Bureau of Information for Red Cross nurses under the direction of Miss R. Inde Albaugh, who had already served the Red Cross in various capacities. In September, 1920, this Bureau, still under Miss Albaugh's direction, was taken over and its scope greatly expanded by the American Nurses' Association and the League, although the Red Cross continued to finance it until 1921. The Red Cross thus enabled the older national organizations to realize a long cherished ambition. In April of that year the offices were moved to the present location at 370 Seventh Avenue, New York City, the Red Cross supplying equipment but serving notice that for obvious reasons it could no longer finance the project.

Miss Albaugh has carried most faithfully the growing burden of the placement bureau and of such League activities as the handling of its publications, of which the Standard Curriculum and the calendar are the most important. With the first of the year what is generally recognized as a pioneer period closes, and only those who have themselves broken new ground can appreciate how arduous and oftimes discouraging this labour has been. Miss Albaugh has been truly a pioneer. Her successors already appreciate the soundness of her contributions to our national programme.

With the increase in dues to the American Nurses' Association, it is now possible for that organization to expand its work at National Headquarters. Agnes G. Deans, elected Secretary of the Association at the Seattle meeting, has consented to represent the Association at Headquarters for a year in order to study the situation and make recommendations for future development. The salary provided for a full time Headquarters Secretary goes to Miss Deans during the year of study and adjustment. Only those who have seen the volume of correspondence handled by our secretaries can appreciate what it will really mean to nurses the country over to have a full time secretary with both the time and the facilities for dealing with the innumerable problems of the Association and its component organizations. Miss Deans is so widely known through her work on the Revision Committee, work for which she now becomes responsible, and as a former secretary that we feel sure that those desiring information will have no

hesitation in appealing to her for assistance.

In appointing Effie J. Taylor its general secretary with offices at National Headquarters, the National League of Nursing Education is preparing to expand its service to the organization and to the schools for nurses throughout the country. Miss Taylor brings to her new position a body of knowledge built up through years of experience in various teaching and executive positions and by postgraduate study at Teachers College. The work of the placement bureau will be handled by Miss Taylor.

It is the privilege of the *Journal* to have a representative so placed that conferences with the new Secretaries, those of the National Organization for Public Health Nursing, or with officers of the many health organizations having offices in the Penn Terminal Building are readily obtainable. Such coördination of interests and effort must surely be conducive to sound growth of the groups served. It is not too much to say that the expansion of our National Nursing Headquarters has only just begun.

The Revision Work in New Hands

ONLY those who have acted as chairman of a Revision Committee for a large state association and who have, therefore, studied hundreds of copies of constitutions and by-laws, can appreciate the gigantic task which has been carried by Sarah E. Sly as chairman of the National Revision Committee for eight years. Not hundreds, but thousands, of by-laws have been sent to her for scrutiny, and she has advised, rearranged, rewritten, not once, but sometimes over and over again, for the same association before the members grasped the principles involved and were ready to come into line.

With the establishment of a separate office for the American Nurses' Association at National Headquarters, with its own secretary in charge, the work of the Revision Committee, now nearing completion, passes from the hands of Miss Sly to Miss Deans.

Gratitude for her years of patient, painstaking work and congratulations on her release from a heavy burden are due Miss Sly.

The Delano Memorial

MEMORIALS may take many forms, as we all well know, and there will always be differences of opinion as to the suitability of the types selected. Miss Delano's memory will live because of the proven worth of the Red Cross Nursing Service which she established. It lives in the pages of the History of American Red Cross Nursing. It lives wherever Red Cross Nurses are and it will live in those remote sections served by the Delano nurses whom she herself endowed in memory of her parents. By these means, and many more, her influence will remain with nurses. Their lives will keep her memory green and fragrant. But what of the shorter memories of those denied the privilege of close association? It is human nature to forget. Canada knew this when it dedicated beautiful and imposing Mount Cavell in Jasper Park to a martyred nurse. England knew it when she erected in London, a monument to Miss Nightingale commemorating her service

in the Crimea, and again when the monument to Edith Cavell, which is pictured on our front page, was placed in a busy thoroughfare in the same city. He who runs may read England's regard for her great nurses.

Shall America do less for the woman who was the outstanding nurse figure of the Great War? A memorial to Miss Delano is, after all, but a concrete way of expressing what nursing really meant to our country and to the world in that time of agony. In honoring the leader we honor those she led to heroic service and sacrifice. Cold stone cannot speak but it is enduring. Let us place at Washington a monument so dignified and so beautiful that the passer-by will pause to admire and so be reminded of the self-sacrificing service of nurses to their country, which Miss Delano directed.

The Delano Memorial Committee hopes to begin work on April 15th, the fourth anniversary of Miss Delano's death. This can only be brought about if the funds now accumulating all across the country are quickly turned over to the Committee. Half the $50,000 planned for should be in hand at that time. This would be more than accomplished if every District were working as earnestly as such Districts as Number One of Ohio, which, although it does not contain either of the large cities of that state, has contributed almost one thousand dollars.

The Committee believes the Chapter workers of the American Red Cross would be glad to help and are preparing to approach them by radio and other suitable methods. It seems entirely fitting that all members of the Red Cross be given an opportunity to contribute but surely we shall never let it be said that nurses did not do their part. Round out your effort and forward your contribution at once to your Red Cross Divisional Director or to Harvey D. Gibson, Treasurer, 26 Broad St., New York City.

Stereotypes

THERE is nothing so obdurate to education or to criticism, as the stereotype, says Walter Lippman in *Public Opinion*. Much of our difficulty in securing support of schools for nurses is due to a stereoype! That of the "good old fashioned nurse" who went without sleep for incredible periods, prepared three meals a day, put out the family washing, and accomplished innumerable odd jobs still persists in many minds—some of them medical. We have often noted that this particular stereotype although supposedly of the nurse, usually includes very little actual care of the patient. The amazing thing about it is that it persists in the very minds that have quite discarded the coeval stereotypes of the beloved old fashioned family doctor, who covered amazing distances and treated an incredible variety of medical and surgical conditions, and whose passing is frequently deplored in non-medical circles; of kerosene lamps for general illumination; and of side bar buggies as a means of rapid and convenient transportation. The persistence of this stereotype of the nurse is doing more than any other one thing to retard community understanding of modern nursing and the crying need of support for nursing schools. It is certainly difficult to break down by either education or criticism, but an increasing number of people, in all walks of life, are

gradually acquiring from first hand knowledge a different concept of nursing.

Most people think in stereotypes. It saves mental effort. Therefore, an obligation rests upon the profession, individually as well as collectively to see that the new stereotype while embodying skill in nursing and in the teaching of health retains the ideal of service that is the element that has given the old its amazing tenure on life.

Only by proving ourselves adaptable to the social needs of our own times can we justify our demands for better schools, schools that will establish in the minds of the multitude a new stereotype of the nurse, that of the adaptable woman of ample spirit, educated mind and trained hand who, while she is coping with sickness can also teach positive health.

Special Nurses

WHAT is the matter with the special nurses? The question was asked, but not answered, at a meeting some weeks ago and we have been searching for the answer ever since. Our investigations have brought some interesting responses but the conclusions are far from new. Some specials are beyond praise. They are the nurses who take exquisite care of their patients, cause no friction in the hospital, and who are held up to students as examples of "the fine type of private duty nurse." These are nurses of whom patients say "she kept my mind filled with happy thoughts"; presumably because they constantly replenish their own mental stores by reading and by wholesome diversion when off duty.

At the other end of the scale there are a few nurses so negligent, or so disqualified by certain personal characteristics, that patient and institution alike hope they may never have to see them again. Some of these women we believe should never have been graduated, others are of the sort who did fairly good work while under supervision, but who mistake the independence which graduation brings for license to do as they please and who are animated by an ignoble ambition to receive a maximum income for minimum effort. Such people recognize no obligation to maintain the standards of the profession to which they belong and by which they gain their livelihood. They have not learned what the good nurse knows; namely, that no other satisfaction equals that of service given.

Between the two extremes we find a great group of private duty nurses who prefer special nursing in hospitals to nursing in the homes. They are individualists by inclination, as shown by their selection of private duty as a specialty, as well as by the restrictions of the specialty itself. Perhaps this is the very factor that causes misunderstanding and it is a series of misunderstandings or failures to understand the viewpoint of others that lie back of the question which started this discussion.

The special focuses her attention on her one patient and that patient's immediate environment. To her, that patient is the one really important object in the hospital. To the Director of Nurses, that patient is one of many whose welfare must be safeguarded and whose comfort must be assured and the special nurse is only one of a large and diverse personnel. Many nurses have been both specials and administrators. Only those who have had both

experiences can really appreciate how far apart are the two points of view.

We wish every special could appreciate and respect the increasingly complex problem of the administrators. Thoughtfulness in complying with established routines, such as the rules governing orders for special diets—to mention only one—mean much to the organization and result in good service to the patient. Hospital routines are rarely as arbitrary as they appear. They are worked out with good service as an objective to be achieved by smooth running machinery in every department in order that the interlocking cogs of department with department may all run smoothly. The special nurse is so far from many of these departments that she cannot grasp the importance of her own contribution in thoughtfulness to the smoothness of their functioning. The special who is thoughtless about routine is the sort who is unnecessarily noisy forgetting that, although she may not be disturbing her own patient, others may be more sensitive to noise. There would undoubtedly be closer accord between specials and administrators if all administrators included some private nursing in their preparation for the larger posts.

Special nurses cannot be unwanted stepchildren of the hospital employing them and at the same time be thoroughly efficient. If they are employed they are entitled to respect: and by this we mean reasonable provision for their comfort and a dignified and comprehensive introduction to departments they may be entering for the first time. In institutions where these points have received due attention and there is still a lack of understanding, we would suggest occasional conferences between the superintendent of the school, the department heads involved, and the special nurses themselves. It hardly seems necessary to suggest topics for such conferences. They should of course be wholly impersonal. Since the writer has herself been a "special" she does venture the suggestion that an initial resolution on the part of specials themselves to interdict gossip would make for the happiness and professional advancement of all concerned.

Accommodations for Special Nurses

IT has recently been our privilege to visit a private patients' pavillion[1] where every requirement of non-resident special nurses has been carefully considered in detail. A well ventilated locker room provides ample space for clothing. Well lighted dressing booths are conveniently arranged. Lavatories are close at hand and even a shower bath is provided. It was a joy to find, on each floor, a serving room large enough to accommodate without confusion a considerable number of special nurses each intent on preparing nourishment for her own patient. On every floor, too, there is a small retiring or sitting room, with lavatory attached, which is attractively and comfortably furnished for the use of nurses temporarily excused from attendance on their patients. Only nurses who have suffered the embarrassment of quite literally having "no place to go" during the visits of their patients' friends, can fully appreciate this thoughtful arrangement. The separate dining room also, we are sure, must give a wholesome feeling of group consciousness.

[1] Mt. Sinai Hospital, New York City.

Lavish use of special nurses, when so many people who need skilled care cannot secure it, is a social problem on which there are many points of view which we shall not discuss here. At the present time special nurses constitute an important group in most hospitals caring for private patients. It is pleasant to know that hospitals are not unmindful of the needs of this group of workers and that many of them are making sincere efforts to provide some, if not all, of the conveniences enumerated above.

As Others See Us

THE article on page 355 of this *Journal*, "Private Duty and the Public Served" will undoubtedly create in the minds of many nurses a reaction similar to that of the farmer who, gazing on a giraffe for the first time, profanely remarked, "There ain't no such animal." We are publishing this article in the interest of truth. Mrs. Parrish is by no means alone in insisting that not all nurses possess good judgment, and that not all are animated by that spirit of service which should motivate all nursing.

Although critical, and not based on a complete understanding of the motives for securing licensure of *all* those who care for the sick for hire, the article is constructive. It is really a plea for a sounder preparation of mind and heart, as well as of hand, for nursing. In this connection, considering our profession from the standpoint of the public served, we cannot refrain from quoting "Bobbie" Burns' well known lines:

> Oh, wad some power the giftie gie us
> To see oursels as ithers see us.
> It wad frae many a blunder free us
> And foolish notion.

Journal Advertising

SUBSCRIPTIONS alone cannot support a magazine. The size and quality of the *Journal* are very dependent on the income from the advertising carried. Advertisers are good business people and check their results very carefully. The only index they have to the real worth of the space they pay for in the *Journal* is the number of letters or orders they receive which mention the *Journal*. In order that we may give value received, will you not state, when you write for samples, catalogues, or to place an order, that your attention has been attracted to the product in question by *Journal* advertising? This is only one of the many ways in which you can help your magazine to expand to meet the increasing demands of a growing profession.

Today when we rehearse our own individual memories of success, we find that none gives us such comfort as memory of service given.—*American Individualism, Herbert Hoover.*

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

CLINICAL TEACHING IN SCHOOLS OF NURSING[1]

BY MARY S. POWER, R.N.

THE content of this paper is not new. Its purpose is to bring to your attention the great value that clinical teaching bears towards the instruction of the student in the signs and symptoms of disease and the medical and nursing care of the sick. Clinical teaching, like many other things easy of access, has been pushed aside for the more theoretical courses, regardless of the fact that psychologically and pedagogically it supplies knowledge in the simplest and best form.

It is generally felt by us all that what we need is not long hours and the long terms of apprenticeship but more intensive teaching and study. All of us realize that in educating the student of today for the nurse of tomorrow we have a very serious task. With the younger immature girl entering our schools, the hours and terms of service greatly shortened, the great desire on the part of the student to specialize, and the standard of nursing higher than ever before and constantly mounting, we must use every method of education already at hand and devise new methods to send back into the country and city the best all-round graduate nurse.

There are some of our students, but they are the exception, whose minds are so receptive that from reading or lectures they have grasped and retained practically everything. However, for most of them to get the fundamental facts and theories of any subject it must be repeatedly presented before it is definitely fixed. I can remember when preparing for teaching in the grammar grades, we were taught that there were three phases to be observed in teaching each lesson: First, the teaching; second, drill or repetition; and third, the test. I assure you that most of my time was spent in drilling. Now the more interesting and varied the ways of drilling or repeating our subject, the more certain we were it had been grasped and would be retained by the pupil, and I think the same principle applies to our teaching of nurses.

In clinical instruction it can be maintained that by the presentation of the actual case, the subject is more firmly impressed upon the student's mind than it is by the lecture or text-book. From a pedagogic standpoint, it is a generally accepted fact that memory is better acquired when mental impressions are made on as many senses as possible—in other words, a fact which comes to the mind through three senses is more apt to be fixed there than one coming through one sense. So that when one sees the subject about which he has been studying, discusses it and recites about it, he is in a way to have a fairly good understanding of it.

Clinical instruction is a most economical and refreshing type of teaching. It can be carried on in the ward, the home, at the dispensary, in the operating room.

[1] This paper and the discussion which follows were given in Seattle in June, 1922.

Oliver Wendell Holmes has said: "It is the familiarity and simplicity of the bedside instruction which makes it so pleasant as well as profitable."

The student feels that she is learning without effort. The teacher, too, incidentally, likes it better because it is less burdensome. It is vivid and dramatic, which qualities stimulate the student's interest. It gives the instructor an excellent opportunity to merge all the practical and theoretical knowledge taught. As William James says: "Intricately or profoundly woven it is held —disconnected knowledge tends to drop out."

Too much of our subject matter is taught, drilled and tested in the class room. As a result, we often have incidents such as came to my attention the other day. A student coming from a surgical examination stopped and asked me what were the signs and symptoms of shock. I asked her if she had never seen a patient in shock and she said, "Oh, dear, no, if I only had, I should have recalled the whole picture." I would not say that she did not know anything about shock, but her knowledge was very hazy and disconnected—it was as if it were scattered about the floor in her mind instead of being fastened definitely to the hook on which it belonged.

It would seem that each lesson taught should be followed directly by an illustration of the subject on the ward—the class going in small groups with the instructor to the bedside,—seeing the patient,—pointing out the signs and symptoms taught,—showing the chart and laboratory findings, —x-ray reports, etc., —encouraging the questioning of the patient and clinching the whole thing in one fixed picture. At the same time, nursing points which contribute to the care of this patient in his particular disease should be reviewed. If he be getting inhalations, it is well to stop and review the types, purpose, and methods of giving inhalations. Should he be having Fowler's solution, it is a few moments well spent to associate the drug with what has been taught in Materia Medica. These later can be taken up with the whole class assembled again for discussion of the case, its treatment, and prognosis. I think, at this point, it would be a very good plan to have the nurses write up from a nursing standpoint the case already studied. Here might also be worked in some reference reading.

While we are apt to think of the Chief of the Staff or Resident Physician or the particular person instructing as the one to conduct our bedside clinics, we should not forget that they can be very beneficially carried on by the supervisor herself. Our supervisor of the ward has not been trained to think of herself as a teacher, although, if she be keen, it is she who often knows most about the patient. She sees him come, follows his case closely day and night, makes rounds with the chief of staff, sees that his orders are carried out, and watches more keenly than others the results. If she could for ten minutes a day gather a few nurses together about the bedside of a patient and give out all she knew of the case, what a tremendous gain the student nurses would receive in fixing the subject matter and how much more interesting the work would become. I am sure the efficiency of that particular unit would be increased.

But the supervisor's[2] responsibilities are many,—to the patient, the doctors, the administration, and the ordinary routine checking up of the details of housekeeping. None of these, it seems can afford to suffer from neglect and I am afraid that it is too often the teaching and training of the pupil nurse that is not forgotten, but brushed aside, for what at the time seems more important.

There are several ways of overcoming this. One is to turn all the administration and housekeeping matters over to the oldest nurse on the ward. Incidentally this gives her training in executive work, and leaves the supervisor free to do further teaching. So, when the supervisor has a patient with a distended bladder, she can make sure that each nurse has seen it or, if the patient is admitted with a carcinoma of the breast, that each nurse has seen the patient before she goes down to operation; or if she have a transfusion or any unusual treatment going on, she may be able to make sure that all nurses, if possible, see the whole procedure although they may not be assisting in it.

Another way of applying clinical teaching to our pupils is to get the internes interested to hold the clinics while the supervisor herself takes care of the ward. You will find these young men, once started, interested in conducting these ten-minute talks and discussions, and such talks will not only tend to further knowledge but will give a higher morale to the particular ward.

The third method is to let the pupils individually make rounds throughout the whole visit with the chief and his staff accompanied by the supervisor. Make her responsible for all questions asked by the chief. He may object to this at first but, as a rule, when he comes to know your object he will not only agree to it, but will include her in his instruction. The pupil in this way not only gets the actual knowledge transferred but catches the spirit of a great physician. In Dr. Oliver Wendell Holmes' essay "Scholastic and Bedside Teaching," he says: "A good clinical teacher is himself a medical school. We need not wonder that our young men are beginning to announce themselves not only as graduates of this or that college but also as pupils of some distinguished master." In speaking of Dr. James Jackson, he goes on to say, that which I think is true of so many of our physicians today:

> He loved his profession. To follow him in his morning visit was not only to take a lesson in the healing art, it was learning how to learn, how to move, how to look, how to feel, if that can be learned. To visit with Dr. Jackson was a medical education. A clinical dialogue between Dr. Jackson and Miss Rebecca Taylor, sometime nurse at the Massachusetts General Hospital, a mistress in her calling, was as good questioning and answering as one would be likely to hear outside of the court room.

This visiting gives the student training in alertness, keenness, poise and dignity which cannot be equalled in any other way.

We must always bear in mind that we are educating the nurse not for herself alone nor the immediate needs of the hospital in which she may be, but for the countless people to whom she is to carry physical and mental comfort, the care and prevention of disease and the teaching of many other women to follow in our profession.

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[2] In this paper the term supervisor is synonymous with head nurse as used in some institutions.

DISCUSSION

By Beulah Crawford, M.A.

The importance of the subject here presented is unquestionably undebatable, and new or old, it cannot be too much reiterated.

The writer suggests that clinical teaching has more recently receded into the background before the great advance which has been made along the line of theoretical instruction in our day. In referring to the history of nursing from ancient times on up through the Dark Ages to what we love to call our present enlightened stage of development, we find the station of the student nurse has been that of an apprentice to a trade, who observed and imitated without any scientific basis to speak of. The apprentice in many cases and under wise supervision becomes a very skillful as well as high-class servant, but when all was said and done, that was just what the apprentice was,—a servant. Her work was done with little understanding of underlying cause and effect in disease and its cure. It was a means of livelihood, not an education. Today, however, we are gradually coming to a realization that nursing is a profession, a much broader term, with its accompanying requirement of education.

To quote Miss Isabel Stewart in a recent article: "We must realize that here as in other vocations, the old apprentice system we are using is as obsolete and unworkable as is the horse car or the famous 'one-hoss shay'." Classroom instruction is therefore fundamental. More and more we have come to think of a course in nursing at present as a scientific education; our practical work in the hospital wards representing the laboratory work accompanying and exemplifying the theoretical work presented in the class-room.

We used to hear a great deal about "born nurses,"—those who were gifted with unusual powers of observation and with them were skillful in the use of their hands. Only yesterday was it learned that these powers of observation could be cultivated, if the salient points to be watched for and noted were only ascertained by the student.

The value of bedside teaching by physicians has long been accepted as a matter of fact. Last February at a meeting of the Nursing and Health Section of the Alumni of Teachers College the same idea was advanced regarding the teaching of nurses. The following provision was recommended:

> That a new type of teaching supervisor or clinical teacher be developed, who would work almost constantly with pupils on the wards, and report to other instructors such details or cases as could be used for class demonstrations; thus correlating theory and practice.

We are face to face constantly with the criticism that class work is more and more cutting into our ward work and thus interfering with the so-called "real nursing work." When it is realized, however, that this class work is *not* hindering, but *helping* toward increased efficiency in our wards in the better and more intelligent care of patients, this objection will very largely be overruled.

We know that the exacting demands of the hospital work on our nurses' time are a great hindrance to the educational phase of the problem; when the whole situation is on a more truly educational

basis, then only can we hope for more satisfactory results; until then, and, I fear, for some little time yet, we shall have to worry along with existing conditions and adjust ourselves as well as we can.

I think that much can be done toward arousing a greater interest on the part of our supervisors and head nurses in the several departments of our hospitals in the types of patients to be found there and by trying to enlist their coöperation in the instruction of the pupil nurses in their special charge. To my mind the morning circle presents a splendid vantage point for this purpose. In our hospital we aim to lay considerable stress on this feature of the day's routine. Every nurse on duty on the given floor should be present at this time, when every patient on the floor is discussed, diagnosis, peculiar or characteristic symptoms, new developments in the course of the disease, all these are considered.

I was very much pleased the other day to have a pupil nurse show me her notes which she had been taking at the public library on the subject of infantile paralysis, tuberculous hip, etc. I found she was assigned to an orthopedic ward and that each morning the head nurse at her morning circle had reports by the students on different conditions to be found on the ward, after which they spent fifteen to twenty minutes in discussion of individual cases, illustrating the subject. She was finding it very interesting, a thing which is not usually said about orthopedics. Is this not much better than saying to the nurse in the morning, "Nothing new, same routine this morning?"

In our nursing classes in our hospital we are making quite an effort to have clinical material brought into the class to illustrate certain subjects. In our class in Gynecology, e. g., not long ago we had a demonstration of the use of radium for treatment of carcinoma. The students were intensely interested in it, as the Head of the Depratment accompanied the demonstration by a lecture with some discussion of the history of the case and the symptoms which were manifest. Likewise they were greatly interested when they were allowed to witness an operation for removal of an ovarian cyst. The same case had been brought into the class a few days before the operation to show them the size and appearance of the abdomen; and then, as most of them had no idea what a cyst really was, to witness the operation was a real revelation.

The idea of arousing the interest of internes in holding clinics is an excellent one for in many cases it really works. I find that the plan of having the pupil nurse accompany the head nurse on her rounds with the members of the staff is of great benefit, for it not only gives her much information but also enables her to make rounds with confidence and dignity, if by chance the head nurse is absent, and certainly every nurse ought to be able to make rounds in a proper manner. In our training school our practical instructor and supervisor, who are combined in one person, always asks for one of the freshman nurses to make rounds with her in order that she may be spurred on to learn just those important things about patients and they frequently make rounds with the superintendent and her assistants. Members of the Hospital staff, far from objecting to having the pupils present during

the rounds, often become interested in the matter and I have known them sometimes to ask to have as many of the students as can be spared, come and see interesting cases and their progress.

I should like to emphasize the importance of leaving student nurses on a given floor long enough to get acquainted with the cases there, to watch their development, results of treatments, medications, etc. The same suggestion holds good with regard to assigning certain patients to certain nurses and letting them keep them long enough really to accomplish something. After a time spent with a patient it is excellent practice to have the nurse write up her case for class and discuss all the features of it. This is much more effectual and clinches the information much better than to have them rushed from one place to another in a routine manner. We find it a very good way to teach our advanced Practical Nursing, to have the students bring in the discussion of their special patients as well as their individual problems to class, and report what treatments and what medicines are being given them, what results are to be looked for and what are really obtained. I have had good results in my Drugs and Solutions class in this same respect, as I find that the name of a drug means very little until the pupil has had a chance to administer it and thereby learn its dosage and effect. As another instance, not long ago we had a case of Raynaud's disease in our Pediatrics Department and we called the attention of our students to it and had as many as possible see it, placing some stress on the rarity of the disease.

In this connection it is well to note, however, in giving the pupil nurse this afore-mentioned "fixed picture" of a certain diseased condition on the ward, that this picture may be a misleading one, for no two cases of the same disease are ever just alike. They always present individual peculiarities. Consequently the pupil is in danger of being confused if Case B does not coincide in all its symptoms with Case A.

The idea of having a clinical teacher on the wards much of the time is a most thoroughly excellent one, and one toward which we shall do well to aim. But in the meantime, before that Utopian dream becomes reality, we must try to develop more of a spirit of coöperation in our head nurses. How many times have I heard the exclamation from head nurses, "How I hate to see classes scheduled to begin again, now we shall never get our work done." What a short sighted conception is that which takes account of student nurses as only so many cogs in the great hospital machine, to grind out so many beds per hour, so many bed-patients fixed up in a day, so many diets served. Routine,—endless, mechanical, blind routine! The human interest left out of the story. All of which is a contributing cause to the inefficiency of our theoretical instruction. For the student's mind is not alert in the class-room, due to physical fatigue from several hours of work on the wards. The mere physical relaxation of sitting listening to a lecture is unconsciously accompanied by mental relaxation. The pupil thereby fails to absorb and assimilate the theoretical presentation, a fact which would not exist with the shorter working hours.

Plans for instruction and suggestions will have to be adapted to the kind of hospital. It is idle to suggest the same

method for the small private hospital and for the large city or state hospital, but each can develop the plan best suited to conditions, if the interest is keen and the aim constantly kept in mind. We have come a long way, it is true. The way has been hard and beset with difficulties, but the end is not yet. The battle still is on, and the enemies of progress are still rampant in the field. So we must,

> Welcome each rebuff . . .
> That bids nor sit nor stand, but go.

not forgetting in our consideration of this as an educational problem, what is the ultimate aim and object of all our endeavors. For after all, in the last analysis, the *raison d'etre* of nursing schools, is the preparation of nurses for adequate care of the sick. All other issues are side issues. No enterprise is successful which does not work consistently and single-mindedly toward the fulfillment of its purpose. And this is a task which will not be accomplished in our generation. For so long as men and women continue to break Nature's laws, so long as children are brought into the world unfitted for the struggle of life, and allowed to grow up in an atmosphere of darkness, sin, and squalor, hampered by the ignorance of parents and the indifference of society, so long will there be sickness and nursing necessary. Only let not our aim be too narrow. We must not forget in the service to be rendered the one who is to render that service. For in the words of Browning—

> If we draw a circle premature,
> Heedless of *far* gain,
> Greedy for quick returns of profits sure,
> Bad is our bargain.

THE REPORT OF THE COMMITTEE ON THE STANDARDIZATION OF CREDITS[8]

In attempting the standardization of nursing school credits the Committee has held in mind two purposes: First, that units of credit for theory and practice in nursing should be evaluated on the same basis as is in use in universities, colleges, and professional schools; second, that the transfer of student nurses from one school to another should be facilitated.

The Committee recommends:

First, (a) concerning the minimum unit of credit in theory that for fifteen hours of lectures, classes or demonstrations during one term in any one subject, one point or one credit shall be given; two to three hours of laboratory practice shall be credited as equal to one hour of class or lecture work and receive the value of one point or one credit.

(b) concerning the minimum unit of credit in ward practice that 30 days of ward practice shall equal 45 hours of laboratory or one credit of laboratory at the ratio of one class hour for three laboratory hours; in other words one credit hour should be awarded for one month of ward practice (since the average length of time spent by each student each day under present hospital conditions of supervision on new problems in ordinary 8-hour ward practice is about 1½ hours).

Second, concerning the basis of transfer of student nurses from one school of nursing to another.

(a) that before acceptance by transfer from another school of nursing a candidate must meet preliminary education and age requirements of the school to which she makes application.

(b) that a candidate must present a letter of honorable discharge from her previous school bearing the signature of a responsible officer and the seal of the school.

(c) that one year (12 months, not including vacation) shall be the minimum time basis

[8] Report given at the Convention in Seattle, June, 1922.

for granting a diploma by any school of nursing to any student entering with advance standing of two years or more, provided the advance standing includes the completion of the fundamental sciences required by the school from which the student seeks a diploma. This requirement not being met, the student must spend such additional time as is necessary to complete the fundamental courses. By fundamental sciences is meant Anatomy and Physiology, Hygiene, Chemistry, Bacteriology, Dietetics, Materia Medica.

(d) that a transcript of record shall be required in all cases signed by an authorized officer of the school of nursing.

(e) that the student be required to present for inspection note books in the sciences.

(f) that if the candidate for admission has been in a nursing school one semester or six months an examination be required in both theory and practice and that advance standing be granted on the basis of these examinations.

The Committee communicated with some twenty-five outstanding schools and received replies from nineteen. The summary of these replies indicates that practically no school has a well defined basis of transfer. The Committee also endeavored to ascertain which states had established in their education departments or in their examination and registration departments a well defined basis of transfer. From the replies received, while the data are not complete, it is evident that the evaluation of credits is a very live question, and that a recommendation from the National League of Nursing Education would be appreciated both by the schools and by the nursing education departments of the states.

The Committee in rendering this partial report recommends that the work of this Committee be continued and that the Committee take into consideration the findings of the Committee for the Study of Nursing Education in making further recommendations for the standardization of credits.

Respectfully submitted,

Ada Belle McCleery,
Mary C. Wheeler,
Laura R. Logan, *Chairman*.

Special Notice—This committee has been continued this year with Miss Ada Belle McCleery, Evanston Hospital, Evanston, Illinois, as Chairman. The Chairman asks that criticisms and suggestions upon the above report be sent to her.

AN INSTITUTE FOR INSTRUCTORS

By Elsa Schmidt, R.N., M.A.

THE Institute of Nursing Education was held under the auspices of Sections I and V of the New York State League of Nursing Education. About two hundred and fifty nurses attended the Institute, including members from New York City, Brooklyn, Long Island, Staten Island, and Westchester County. The first session was held on Tuesday, January 2, at Nightingale Hall, the Nurses' Residence of the Presbyterian School of Nursing, New York.

The president of Section No. 1 was not able to attend, and the meeting was opened by Helen Young, the Secretary.

Kate Madden, the president of Section V, of the State League of Nursing Education also made a brief address. A very spirited address of welcome was given by Anna C. Maxwell.

In view of the important place which the teaching of principles and practice of nursing holds in the curriculum of our Schools of Nursing, practically the entire first day was given over to this major subject. Elizabeth C. Burgess, instructor in Nursing Education, Teachers College, introduced the subject from the point of view of the supervisor, speaking most emphatically on the need for better supervision and on the importance of developing better qualified instructors and supervisors.

This was followed by a very helpful

address given by Isabel M. Stewart, Assistant Professor of Nursing, Teachers College, on the subject, How to Judge Nursing Standards. Miss Stewart presented eight important standards for judgment, each illustrating a very specific and important phase in the attempt to reach that 100 per cent efficiency in nursing practice, to which all our various efforts are directed. The importance of securing more scientific methods in developing our technic and checking up our results was strongly emphasised.

An interesting class in Practical Nursing was conducted by Helen Young, director of the School of Nursing, Presbyterian Hospital, the subject being: How to Give a Colon Irrigation. Katharine Ink, Visiting Instructor in New York City, then presented the important topic: How to Prepare a Lesson. Miss Ink gave many helpful suggestions, particularly in the use of illustrative material. A short discussion closed the programme and tea was served by the students of the Presbyterian School of Nursing.

January 3rd, at 9 a. m., the members assembled at Teachers College to attend a class in Chemistry taught by Charlotte Francis. The students were a group from the Department of Nursing and Health. Miss Francis introduced the subject by saying that for the next hour the students of that particular class were to be the most important group, and the topic of Chemistry the most vital subject in the world.

One of the most highly appreciated contributions was an address made by M. Adelaide Nutting, Professor of Nursing, Teachers College. It seemed peculiarly fitting that Miss Nutting, whose leadership and influence have been so far reaching in Nursing Education, should speak on the topic: The Work of the Instructors in the School of Nursing. Miss Nutting's address offered a real challenge to every instructor present: first, to become a really great teacher of Nursing as we have had great teachers of Medicine; second, to make a much more effective use of the many vital principles which the study of Psychology is constantly revealing and, finally, to develop closer relationships with other members of the faculty through conferences and committees.

An attendance of about one hundred and fifty members gave witness to the existing interest in the application of Psychology in the topic: Teaching Students to Acquire Skill, so ably presented by Mary Whitley, Assistant Professor of Education, Teachers College. Miss Whitley showed in a masterly way how to utilize all our psychological resources, most of nature's endowment of instincts and emotions in teaching our students the acquisition of skill. Equal emphasis was put on the importance of a very definite plan at the outset of the lesson, the right kind of demonstration and plenty of practice under the most favorable conditions.

Dr. William Bagley, Professor of Education, Teachers College, Columbia University, spoke on Types of Teaching. Dr. Bagley presented in a most interesting way the effective use of the different types of teaching, pointing out our own advantages in being able to apply knowledge and skill acquired in the class room almost immediately in the real situation. He further called attention to the importance of ethical teaching in the development of professional

ideals and standards; first through the use of example, and then through the study of the lives and the contributions made by the leaders in the profession and finally through the entire atmosphere of the school.

A large group took part in the excursion to the conference room of the Headquarters of the National Health Council in the Pennsylvania Terminal Building, 370 7th Avenue. Here Dr. Donald Armstrong, Director of the Health Council, gave the first address, presenting briefly the nature of the organization of the Health Council and its present activities. Dr. Armstrong was followed by representatives of each of the following organizations: National League of Nursing Education, Effie J. Taylor; American Nurses' Association, Agnes G. Deans; *American Journal of Nursing*, Mary M. Roberts; National Organization for Public Health Nursing, Anne A. Stevens; American Social Hygiene Association, Dr. William F. Snow; National Tuberculosis Association, Dr. Phillip P. Jacobs; Child Health Organization or National Child Health Council, Sally L. Jean; American Society for Control of Cancer, Frank Osborne; Use of the Library, Florence Bradley.

Each representative spoke of the activities of his or her organization and offered freely the entire resources at their command.

Thursday morning, January 5th a class in Household Economics was held by Mary Pillsbury, instructor in the Long Island College School of Nursing. The subject presented was Removal of Stains. Miss Pillsbury demonstrated particular skill in securing active response and interest on the part of the students. They showed in a very gratifying way that they had been led to apply their knowledge of the sciences in all their practical work and were quite ready and eager for the new material, which was very effectively presented. This class was followed by a Medical Clinic, The Symptoms and Treatment of Diabetes, by Dr. Luther Warren, Professor of Internal Medicine, Long Island College Medical School. The interest expressed gave concrete proof of the value of the clinical method of teaching over the old class-room lecture.

The excursion to Bloomingdale Hospital for Mental Diseases at White Plains was one of the most enjoyable and beneficial experiences of the entire week. The first paper was read by Adele Poston on the subject: Practical Aspects of Mental Nursing. Then followed an address by Dr. William Russell, Medical Director of the Hospital, entitled: Educational Work at the Bloomingdale Hospital. After a brief history of the work of the hospital, Dr. Russell dwelt on the need for all students in Schools of Nursing to receive some instruction as well as some experience in psychiatric nursing. Dr. Frankwood Williams, Medical Director, National Committee for Mental Hygiene, in his address: The Place of Mental Hygiene in Nursing Education, called attention to the failure of nurses in general to perceive the need for this subject as compared with the social workers, who long have taken advantage of the courses offered. Dr. Williams put special emphasis on making mental hygiene a basic subject in our curriculum instead of merely a frill. This would primarily help the young student

in understanding herself and further in recognizing early signs and symptoms of mental illness and thus preventing numerous mental and nervous breakdowns. Two nurses of the recent graduating class demonstrated a pack for sedative purposes and a continuous bath. A tour of the building with its elaborate equipment, particularly in the department of occupational therapy, revealed great progress in this branch of Modern Medicine. A very happy social hour followed.

Early Friday morning again a very eager group met in the beautiful auditorium of Mt. Sinai Hospital, where Maude B. Muse, instructor in Nursing at Teachers College, presented an outline for the teaching of drugs and solutions in the Preliminary course. Miss Muse went to much trouble in expounding the teaching of solutions and in giving valuable illustrative material. A visit through the Educational Building of the Mt. Sinai School of Nursing was much enjoyed. Its splendid teaching equipment excited great admiration.

The most enjoyed of all the class work presented was that in Anatomy and Physiology taught by Lydia Anderson, Visiting Instructor. This was given to the Preliminary Course Students of the New York Hospital School of Nursing. Here they all could feel a high degree of originality and practical application which can only be gained by long experience and study. With these were combined a delicious sense of humor, which made one feel that everyone was having a good time and at the same time assimilating a very difficult lesson upon the nervous system.

The excursion to the new Central Building of the Henry Street Visiting Nursing Service, 99 Park Avenue, was attended with great interest and enthusiasm.

Miss Goodrich in her valuable address stressed the importance of actual experience in the homes as part of the preparation for teaching. A tour of inspection was very instructive, showing as it did the wonderful work and far reaching influence of the Henry Street Visiting Nursing Service.

On Saturday morning the members of the Institute met in the class room of the Bellevue School of Nursing to attend a class in Hygiene taught by Elsa Maurer, Assistant Director of Education, to the Preliminary Course Students. Miss Maurer demonstrated a very inspiring method of teaching Hygiene through the utilization of such worthy motives and ideals as could not fail to grip the interest and enthusiasm of every one of the students present. The indices of perfect health as expressed not only in terms of economy of time, but primarily in terms of better and more helpful human relationships and altruistic service assumed a fresh importance to each individual.

In the afternoon a large group took part in the excursion to City Hospital, Welfare Island. Many convincing evidences of progress were shown in the large Municipal Hospital. At afternoon tea everyone present heartily voiced the success of the Institute. There were many expressions of gratitude for the privileges, which the programme had given and for the many benefits which were derived from it. The hope was generally expressed that similar institutes might become a yearly event in the activities of the New York State League of Nursing Education.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

A meeting of the National Committee on Red Cross Nursing Service was held on December 13, 1922, at ten a. m., the morning of the day of the annual meeting of the General Board of the American Red Cross. Reports were given on Enrollments and Assignments, Nursing in Foreign Countries, Public Health Nursing, Home Hygiene and Care of the Sick, and Nutrition. There were reports also from the special committees on Delano Red Cross Nurses, the Delano Memorial, The Nightingale Medal, and Student Nurse Recruiting. The resignation of Lenah S. Higbee, Superintendent of the Navy Nurse Corps as a member of the Committee was read, and her successor J. Beatrice Bowman was announced. Miss Bowman becomes automatically an ex-officio member of the National Committee. The resignation of Lillian White, after five years of devoted service as Director of Nursing of the Pacific Division, was also announced. On account of the illness of her mother, Miss White has been obliged to give up active work. Among other subjects discussed was the continuance of the Bay Shore Convalescent Home for Nurses. The National Committee recommended, by special resolution to the General Board, the continuance of this home for another year. It was also voted to recommend the increase of the National Committee to include the Superintendent of Nursing of the Veterans' Bureau and the Medical Director. Miss Minnigerode, Chairman of the Committee on the Delano Memorial, gave a good report on the work that is being done, making a very strong plea for the completion of the fund required to build the Memorial. In addition to those at National Headquarters, the following members were present: Major Julia C. Stimson, Lucy Minnigerode, J. Beatrice Bowman, Carrie M. Hall, Grace Allison, Harriet Leete, Sally Johnson, Susan C. Francis, M. Adelaide Nutting, Mrs. August Belmont, Mrs. William K. Draper.

INTERESTING DEVELOPMENTS IN HOME HYGIENE AND CARE OF THE SICK

Perhaps no single activity of the American Red Cross has brought better results than the simple course in Home Hygiene and Care of the Sick. Embracing as it does practical instruction in the hygiene and sanitation of the home and such elementary nursing procedures as every woman should know, it has helped to prepare both through the schools and in the community, large numbers of girls and women for a better understanding of housekeeping, homemaking, and the prevention of illness, as well as in the care of the sick within the home. One of the most interesting developments is the extension of the instruction in public, private and parochial schools. Experience has proven that no subject in the school curriculum may be more practicably linked up with the sciences and other branches than the course in Home Hygiene. During the last fiscal year, ending June 30, there were 93,448 students under instruction, and 42,656 certificates were issued, out of which 9,639 were issued to school classes during May and June, 1922. Credit is allowed in many schools where the instruction is

part of the curriculum, and also in many instances where the course is given after school hours. In a recent statement by Mrs. Isabelle W. Baker, National Director of Home Hygiene and Care of the Sick, she describes in some detail the methods whereby the course may be adapted to the school work, which will unquestionably be of considerable service to the hundreds of instructors who are engaged in conducting these classes.

Whenever Home Hygiene instruction is made a part of the school curriculum, the subject matter of the text-book must be divided and presented in a simpler and more concrete way than is necessary when instructing classes for adults for whom the text-book was primarily written. We must remember that the pupils in the schools are not only immature but lack the experience of the home maker or business woman.

The school girl of today should have the right to expect some preparation for her future. Upon her will eventually rest the responsibilities of making a home and keeping her family well and happy. Therefore, should we not visualize her as the future wife, mother, club member, or citizen sharing with men civic or political responsibilities, as well as a potential business or professional woman. New vocations continually evolve for the twentieth century graduate. She may be the sanitary engineer for the community or state in the years to come. To a great extent the health of the nation must always depend upon its women. Can we afford to ignore the opportunity to give our girls a sound foundation in health principles while youth and enthusiasm make the task more simple?

This seems the psychological moment to broaden our scope and offer the boys the same opportunity as the girls. In the past many boys have shown their interest in this subject by making, under the direction of their manual training teacher, bedside comforts, sickroom appliances and substitutes out of simple materials at hand at almost no expense and trifling labor. Following their natural curiosity as to how these appliances were put to practical use, the Home Hygiene classroom was visited and among questions asked was 'Can't we be taught these things too?' One boy remarked, "I'm the only child my mother has, and when she is sick I'd like to make her comfortable." In a few instances, this past fall, requests have been made that Home Hygiene instruction be offered to school boys also. The standard course of subject matter in the textbook is the one used for the girls of high school attainments and qualifications, but it is advisable to modify the subject matter for classes of boys, and a special adaptation has been arranged. The arrangements, standards and requirements are the same for both.

This instruction for schools may be arranged for one semester, only, or may be carried through the entire school year. It is often with ease and satisfaction correlated with biology, physiology, hygiene, home economics and occasionally with English, receiving from one to three points credit.

The best results are obtained in the schools when a room is set aside for this particular instruction and fitted up to resemble as nearly as possible an ordinary bedroom in the average home. I cannot too strongly emphasize the fact that the simpler the equipment, the more valuable the lesson. However, this does not mean a limited equipment. If students are taught simple nursing procedures for the home with hospital equipment they are not apt to remember in the stress of emergency or under the strain of anxiety, when a member of their family becomes ill, something that was perhaps casually mentioned in the class as a "practicable substitute"; whereas if they have worked from the beginning with home-made appliances, substitutes, and simple home apparatus, they will proceed with confidence and efficiency. My criticism of many of the class rooms equipped in the schools for this course of instruction is that they lack the home atmosphere and have too much of the appearance of a hospital ward. This is not only undesirable for the reasons just mentioned but also because the impression might be inadvertently given that the instruction was a short term nursing course.

The far-reaching possibilities of building through Home Hygiene and Care of the Sick for a closer relation between the school and the home, and in fact the entire community,

are very great. Whenever exhibits are held featuring the school work, the interest of the parents is centered in a twofold way upon this instruction: First, through the demonstrations given by the students of simple nursing procedures; second, through the home-made appliances made by the boys in the manual training department, and the layettes and other articles made by the girls in the sewing classes. Every interested observer becomes a potential advertisement for the extension, not only of the course itself, but of attention to health and hygiene in the community at large. As a vocational guide it is of particular value to the girl in assisting her to choose nursing as a profession, and to the boy, public health or medicine.

Miss Nelson Visits National Headquarters

Sophie C. Nelson has served under the Red Cross flag at varying periods since 1917, first in the Child Welfare work under the Red Cross in France, until 1919; returning in August, 1921, where she served first in Albania and Montenegro as Supervising Nurse and later as Field Inspector of the American Red Cross Nursing Service for Central Europe and the Balkan States; in October, 1922, she was assigned to assist with the refugee work in Greece, leaving there on the first of December. Miss Nelson visited National Headquarters on December 28 and 29. She gave an interesting account of the refugee situation, estimating that a million refugees from Smyrna and Thrace are now in Greece or the surrounding islands. Most of the refugees are in exceedingly poor physical condition, about sixty per cent. have eye infections, and the death rate, especially among the babies has been enormous. She reports that the American Red Cross is now supplying food for about one-half of the refugees in Greece, and that the feeding of the entire million is being done jointly by the Red Cross and the Greek Government. The first great need to meet the situation is food; the second, clothing; the third, housing; and the fourth, occupation. At present smallpox and other contagious diseases have broken out in Athens and Salonica, adding very greatly to the medical problem. In addition to the distribution of food and clothing, the Red Cross is assisting with the organization of camps, dispensaries, hospital facilities, and the development of sanitary measures through its medical and nursing staff.

Foreign Assignment

Julia Wolski, a graduate of the Training School connected with the Woman's Hospital and Infants' Home, Detroit, Michigan, has been appointed, and sailed January 20, to develop the practical field for teaching surgical technique and operating-room procedure in connection with the School of Nursing at Warsaw, Poland, which is being developed under the auspices of the American Red Cross.

In closing, the Director of Nursing Service sends best wishes for a Happy New Year to all the Red Cross Nurses, or any others who may be interested in reading the news contained under the Department of Red Cross Nursing in the *Journal*. She also wishes to take this opportunity to thank the many nurses from all over the world who sent cards, telegrams and messages bearing Christmas and New Year wishes to her. She would like to answer each personally, but because of the large number this seems impossible. Therefore, she wishes to take this opportunity to express her very deep appreciation of their thought at this time.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

IMPRESSIONS OF SAMOA

BY LAURA HARTWELL, R.N.

ON a little green island situated in the South Seas, is a hospital like nothing else in the world. It was established by the United States Government several years ago, to train the native girls in the art of nursing their own people. It is supported by the local Government, but is under the jurisdiction of the United States. The course of training is two years, after which the girls either go out into the surrounding villages to do district nursing, or are retained in the hospital in charge of the wards. The wards consist of three large native houses, each one complete in itself. One is used as a men's ward, one for the women, and the other for isolation or quarantine. The houses look like huge mushrooms, with their thatched roofs of cocoanut fibre, but they are cool shelters from the tropical sun, and their cement floors are always spotless.

The pupils of the school are drawn from the London Mission School at Atauloma, where they receive a grammar school education in English subjects. Many of them are daughters of chiefs or ministers and, if they wish to continue their training after graduating from the Atauloma school, they are encouraged to enter the Samoan Hospital Training School. Thus the girls who train here are drawn from the very best on the Island. They are taught by the U. S. Navy Nurses.

The native girls are very bright, although they still find a few difficulties in the English language. There are only fourteen letters in the Samoan alphabet; and twelve extra consonants take their breath away. The younger class of nurses will look wildly around for inspiration, if they are told during class to write a word beginning with a "B" or "T." At least one of them will write "pegin," instead of "begin," as they use so many "p's" in their own language. But they really try to learn, and do very good practical work.

To alien ears the language sounds like a constant play on the vowels. The novice learns a few verbs and nouns, and uses them with various inflections of the voice to signify the meaning. Thus: "Alu"—to go, may be said gently, and the "Alu'd" one would get the meaning as "Now you may depart!" Said a little more forcibly, it would carry the meaning "Go!", and would produce immediate results. The people are very sensitive to expression, both of voice and countenance. They are a kindly people, simple as children, and how they love bright colors! They forget their pains and grievances if a stranger walks into the ward wearing a pretty dress. And for their own personal adornment, they make chains and hangings of the brilliant colored flowers, berries, and foliage which grow so profusely on the Island. At their native dances they wear whole dresses made by sewing leaves and flowers together. Very beautiful they are but, of course, very perishable. This

has its advantage too, as the dress cannot go out of style. When another one is needed it will be made up-to-date.

Cotton goods and other clothing are some of the few things the people have to buy, now that so many of them are dressing *"a la Amereeka"*; although the men still wear a one piece garment, consisting of three or four yards of material, wrapped around the waist, with the ends securely tucked together. They call this garment a lava-lava, and some of them are of plain colors, while others have violent patterns woven into them. One Samoan gentleman evidently intends starting a rainbow school of color. He has adopted an American shirt, colored bright green, and a bright pink lava-lava, which makes his brown skin look more coppery than ever.

It is amazing how self-sufficient these people are in their island home. If the children want playthings, they pick up a baby cocoanut, or gather a mummy-apple off a tree. They have very few native toys, but get their recreation spearing fish, swimming, or riding in a pao-pao, which is a frail looking, slender canoe. Nature provides for many of their wants. When the grown-ups need a new bed, they cut a few palm leaves, tear them in strips, and weave a mat, which they spread on the floor when they are ready to sleep, as they do not use bedsteads. Some of them now use a top sheet, which is a comparatively recent venture. The old-timers use a short bamboo rod for a pillow, raised from the floor three or four inches, by means of a forked prong at each end. Up-to-date natives, however, have learned the comfort of a soft pillow, which they make from home grown materials. All they have to do when they need one is to step up to a Vavae tree, pick a few pods off it, open them, and spread the silky contents in the sun to dry. The pods are full of cotton, which becomes soft and fluffy as eider down, when it has been dried in the sun a few hours. This the natives put into a pillow case, and then look around for a cover for it.

The cover must be embroidered. All of them seem to be worked in red, and look very brilliant. Even a plain white pillow cover in the hospital dressing-room had to conform to custom; the native nurses ornamented it with a set of dressing-room instruments worked in red. They are all there, the probe and the forceps, scissors and hemostats, so the patients can plainly see what lies before them.

Out-patients attend the clinic every day, with many and varied complaints. Some of them have a weakness for Magnesium Sulphate, and will walk a mile if they think they can get the Fomai (doctor) to order a dose for them. They all have a passion for medicine in any shape or form. The chief ailment of the sick children seems to be worms, and worms with a capital W. They have them in quantities, long ones and short, round and hook, and most of the medical work consists in eliminating these creatures. They are very persistent, and the patient needs a lengthy treatment to do away with them. Yaws, a sore of various sizes, is a complaint common to men, women, and children. It is treated by local applications, and by intravenous injections of 606. Conjunctivitis is also very common, and is treated with Boric irrigations and Protargol, 5 per cent.

The in-patients bring their own mats to sleep on, although the hospital furnishes a cot to raise them off the ground.

They are also allowed to have two friends and their children stay with them. The two friends are allowed to stay all night, and many more come to visit during the day. Owing to this custom, there are some embarrassing moments in the wards sometimes. Obstetric cases are screened off, of course. Then again, there may be an unobstructed passage to a sick man, but if there is a few moments' work to be done over him, one turns to find six or eight of his friends squatting near by on the floor, with their feet tucked under them, watching every movement of the nurse.

The shower baths provided for the patients' use are a constant joy to the visiting grown-ups. Sometimes a sound of childish weeping and wailing issues from the bath room, followed a little later by a procession of four or five little brown babies, from three to seven years of age, emerging clean and shiny from a new experience. The women would love to use the showers for the family wash, but of course this is not allowed, and the Navy Nurse invites them to take their laundry down the hill, and back to their village.

The U. S. Government has done wonderful work in outlying villages by bringing fresh water down from the hills. To lay three or more miles of water piping in Samoa is a large undertaking, as the languid spirit of the tropics hovers over it all, and the natives do not know how to work fast.

The natives are a very clean race. The other day a whole family started out in the harbor. All five of them were in a rowing boat, and the journey was evidently meant to be a bathing trip, for as soon as they reached water four feet in depth all jumped into the sea, turned the boat over, and scrubbed it inside and out with cocoanut fibre. A small child sat across Daddy Samoa's shoulders, exempting him from manual labor, but with many "O's" and "E's" he superintended the cleaning bee. When this was finished, the five swam around awhile, came ashore, and went home, the whole family, including the boat, considering their ablutions over for the present. They had worn their one garment all the time, but did not seem at all inconvenienced by the wet garments flapping around their feet. If a native wishes to swim, he swims, regardless of clothing, and resumes his journey when he is ready, with a calm poise which nothing will disturb.

The scenery of Samoa is wonderful. The harbor is a brilliant study of green and blue, surrounded by undulating hills, which are always green. The feathery arms of the cocoanut and the royal palms sweep backward and forward in the breeze, and the hibiscus flowers lighten up the green background like jewels in a queen's crown.

There are glorious moonlight nights when soft southern winds blow through the gap from the sea, and the intense heat of the day is forgotten in the peace of the night.

Very small children will often eat foods they dislike if it is served to them in ice cream cones. For one particularly difficult child I bought the empty cones by the half dozen, and in them served potatoes, rice, custard,—even carrots; with an occasional ice cream to keep up the illusion. Once the food has been eaten in this way it is usually simple to return to the normal way of serving.

Rose Edna Rogers, *California.*

WHO'S WHO IN THE NURSING WORLD

XVIII. LUCY C. AYERS, R.N.

BIRTHPLACE: Canterbury, N. H. PARENTAGE: American. EARLY EDUCATION: Gilmanton Academy and Tilton Academy. PROFESSIONAL EDUCATION: Class of 1891, Connecticut Training School, New Haven, Conn. POSITIONS HELD: Private nursing for one year in New Haven; Superintendent Memorial Hospital for Women and Children, Brooklyn, N. Y.; Superintendent of the Training School, New England Hospital, Roxbury, Mass. (Linda Richards being superintendent of the hospital); Superintendent of the Woman's Hospital, Chicago, two and a half years; Samaritan Hospital, Sioux City, Iowa, two years; Superintendent of Nurses, Rhode Island Hospital, Providence, R. I., 1900 to 1910; Superintendent Woonsocket Hospital, Woonsocket, R. I., 1911 to the present time. OFFICES HELD: One of the incorporators and first president of the Rhode Island Association of Graduate Nurses, serving a second term in 1920-21; helped form a society of training school superintendents in Rhode Island in 1912, which later became the Rhode Island League of Nursing Education; secretary-treasurer Rhode Island Board of Examiners of Nurses from the passage of the law in 1912, to the present time.

OUR CONTRIBUTORS

Marie L. Rose, R.N., a graduate of Johns Hopkins School of Nursing, opens our series of articles on Nutrition. Miss Rose has done both institutional and public health work, including several important posts in tuberculosis work. For three and one-half years she was Child Labor and Factory Inspector in Maryland; and for one year she was Supervisor of Field Nurses' "Short Surveys," Division of Hygiene, Children's Bureau, Washington. At present she is Associate Director, Child Health Organization of America, with headquarters at 370 Seventh Avenue, New York.

Mary Alice Hanna Parrish, A.B., Ph.D., (Mrs. J. C.) has degrees from the University of Missouri and from Bryn Mawr. Since the fall of 1919, she has been the Sectional Director of the Southwest Central Section of the American Association of University Women.

Richard Olding Beard, M.D., is well known to our readers through his articles in our professional magazines and his addresses at our national and state meetings.

Mabel W. Binner, R.N., graduated from St. Luke's Hospital School for Nurses, Chicago, where she served as Night and as Day Supervisor. Since 1918 she has been a member of the Staff and Supervisor for the Chicago Visiting Nurse Association. One year of this time was spent on leave in postgraduate study at Teachers College. Miss Binner wishes to have credit given Miss Strong for the inspiration for her article, as much of the material was first obtained in notes taken in Miss Strong's classes.

Mrs. Frances Witte, R.N., is superintendent of nurses at the Manhattan State Hospital, New York City.

Matilda Alice Baker is a graduate of the Bulkley Training School for Nurses of the New York Skin and Cancer Hospital, and since graduation from the school, she has held the position of Assistant Superintendent of the Hospital.

Irene Merten Richmond, R.N., was for a time a dentist's assistant and has contributed to our pages in the past, articles adding to our knowledge of that profession.

Mary S. Power, R.N., is an instructor at the School of Nursing of the University of California.

Beulah Crawford, R.N., M.A., is instructor at the School of Nursing of the University of Iowa.

Laura Hartwell, R.N., is a member of the Navy Nurse Corps.

Elsa Schmidt, R.N., B.S., graduated from the Orange Memorial Hospital, Orange, N. J., and obtained both the B.S. and the M.A. degrees from Teachers College. She was Superintendent of Nurses for the Hospital of the Harvard Medical School, Shanghai, China. She has been Instructor at Bellevue, and at the City Hospital, Welfare Island, Educational Director at Bellevue, and Visiting Instructor.

Amy M. Hilliard, R.N., a former Inspector of Training Schools in New York State, is a graduate of St. Luke's, New York, and is superintendent of the Samaritan Hospital, Troy, N. Y.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

AN INSPIRING CONFERENCE

THE American Committee for Devastated France held its annual meeting in New York on December 13, 1922. A simple enough announcement, but pregnant this one with meaning, accomplishments, purposes, that strangely stirred the hearts of the audience gathered to hear those accomplishments and purposes. Some of the old fire burned again—memories came back of the dauntless courage, the grim determination, the will to do that we remember as part of the stern discipline of the days of war, but softened by the humor and tenderness of these peace-time achievements in regions the most desolate of the aftermath of war.

The Conference programme was divided into three sections: Public Health Nursing and Training Schools in France, Library Conference, Conference on Agriculture. It is only the Public Health Nursing part of the programme we will take up here, though part of this conference was devoted to the consideration of the plans of the committee on the proposed training school for nurses to be established in Paris. The new school, which is now assured, will start under auspices such as few schools have had, with all the help that the Report of the Committee on Nursing Education appointed by the Rockefeller Foundation can give, in addition to the wisdom and experience of an exceptionally qualified committee. In the committee's plan, training in public health nursing will be included under the guidance of American experts, and a splendid field will be ready in the work developed in the devastated regions. Dr. C. E. A. Winslow, who presided over this section, said in his opening address:

> It is to France that we owe the foundation of almost every one of our major public health activities. Not only was the corner stone of the whole structure laid by Pasteur, but the campaign against tuberculosis rests in large measure on the *visits domiciliare* of Calmette, (Chairman of the French Committee on the Auteuil School) and on the care of contacts as embodied in the *Oeuvre Grancher*. Our campaign against infant mortality is everywhere based on the *consultation de nourrissons* and the *gouttes de lait* of Herrgott, Bodin and Variot. The first medical inspection of school children in the world was performed in France. The first attempt to combat the venereal diseases in an organized social fashion was that of Fournier. It would be indeed appropriate that the model school of nursing in the world should grow up in Paris; and that it should grow up in some measure through the aid of America, in partial recognition of a spiritual and an intellectual debt which we can never pay in its entirety.

Mrs. Mary Breckinridge who organized the nursing service of the American Committee for Devastated France gave full credit to all who coöperated, especially the Red Cross through Miss Hay, and to those who had in still earlier efforts helped to insure the success of the *Comite Americain pour les Regions Devasties*, especially to the unfailing personal interest and help of Anne Morgan and Mrs. Dike. She described the

heart-breaking conditions found by the pioneers:

The whole region one great battlefield, covered with explosives, ploughed with trenches, just as the soldiers had left it. The Chemin des Dames was like an angry ocean, heaving with mounds of clay and sunk into deep shell holes. No sign of life anywhere, not a living creature, after the Germans withdrew,—but rats, carrion crows and an occasional cat. Nothing was left that could give milk, not a cow or a goat; nothing that could sustain life, not a chicken. Most of the people were gone too from the ruins. A few remained on in the villages the Germans had occupied until the end of the war, and more in the ones behind the French lines. When the refugees began to come back, our Committee was there first, and met them as they returned.

This whole region held more grief, desolation and misery than have often been crowded into any similar region in the history of this sad world. The children who had not died, in the occupied areas, from starvation and other hardships, were behind their ages in every kind of development. The war had left them with psychic and physical scars from which they will never fully recover.

The building up of a service to combat conditions such as these, it will be seen presented difficulties. But difficulties were merely incentives. Starting with care of expectant mothers, the babies, and the little children, the work grew rapidly; the desire for it more rapidly. It was now that the Bordeaux School proved its value and French nurses were sent to coöperate with the American and British. It would be impossible in this brief account to give as Mrs. Breckinridge did, the details of the heroic pioneer work of the nursing service, and the equally devoted service of the members of the motor corps, a number of whom, it is interesting to say, are now after their adventurous career in France struggling to survive the restrictions of a training school for nurses. In addition to these developments of the nursing service, including health centres and clinics, was the nursing of the sick and accident cases. The latter were particularly numerous in the early days because of explosions of shells left in gardens and fields. Mrs. Breckinridge left on the minds of her audience an ineffaceable impression of the indomitable spirit of France and the splendid courage and devotion of that little band of women who did such great things in helping towards recovery.

Evelyn Walker, now director of the Public Health Nursing Service, followed Mrs. Breckinridge with a description of the transition from the type of the activity required by immediate post-war needs to those required by the present time. Miss Walker also spoke of the wonderful coöperation the service had received from literally everybody. Those people who have been known to speak of the lack of plasticity of "the nurse" would, we think, have had a liberal education if they had heard the fluidity necessary in this work in France to adjust nursing methods, procedures, and ideals to the conditions of the devastated regions. But it has been done, quietly and effectively. Baby welfare stations and consultations; care of pre-school children examined in the schools (this is enthusiastically endorsed and aided by civic authorities, teachers, priests and parents); care of the sick in their homes splendidly done, pre-natal work, steadily growing; ambulance and accident work of which there is still a good deal. This is indeed a record for the twenty-six nurses now working in the devastated region, seventeen in Aisne, one in Oise, eight in Rheims (the nurses in Rheims are British). Seventeen are from the

Bordeaux School, three of these have had public health courses in this country and are now supervisors. Three of the nurses are now taking a course at Teachers College, Columbia, in preparation for administrative work on their return to France.

We think our readers will like to read the letter sent to Miss Walker by the Mayor of Soissons in reply to a question, "Will the French carry on when the Committee ceases its work?"

Mademoiselle: In reply to your letter of October 27th, I can assure you that the town of Soissons will do everything in its power to assure the continuance of the organization which you have created, and which renders such great service to our population. But you understand the unhappy situation of our town which we are only just beginning to rebuild, and where the reconstruction will last for many years.

Until the building of the town has been completed there will not be a single cent remaining from the taxes to use for any other purpose. In order to organize the rebuilding, so necessary to house the people of our town, the town had to borrow $50,000,000. This means that for many long years the town of Soissons will have a very large debt.

While assuring you that the town will not hesitate to make very great sacrifices in order to continue the nursing service which your Committee has organized, I beg of you to continue your help as long as you possibly can. May I express my profound gratitude, and my respectful appreciation. Marquiguy.

It is, of course, easily recognizable that only a small proportion of the population of devastated France can be cared for by this group—small in numbers but so splendid in spirit. It has, however, been a truly great "demonstration." The practical results will live, the improved health conditions, the education of doctors and officials in the actual and visible results of the intelligently directed nursing care, and added to this the good will of the American people demonstrated through this valiant band of workers. The series of pictures which were shown of the villages so courageously reëstablishing themselves, the nurses, the motor service and the different clinics, visualized for the audience the service of the C.A.R.D.

The meeting was concluded by short speeches from Miss Crandall and from Miss Goodrich. Miss Crandall pointed out that public health nursing could look with pride to the fact that as a result of the acceptance by the war-ridden countries of the work of the public health nurses, which was recognized as the product of their training, had come the recognition of the necessity for a system of nursing education which would produce in these countries the same type of nurse.

POSTGRADUATE COURSES

At the present time there are 16 places in the United States where postgraduate courses in Public Health Nursing are being carried on. All of these courses are under the auspices of some college or university and are able to offer academic credits towards a college degree. A pamphlet giving the name and address of the Director and a few facts regarding these courses may be obtained from the office of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York, upon request.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL ADMINISTRATION[1]

BY AMY M. HILLIARD, R.N.

THE hospital should be the most potent factor in the community, not only for applied therapeutics, but it should also be the educational force for teaching health preservation and disease prevention. Its laboratories should be used to determine the underlying causes of disease and methods developed for its control. While its future will of necessity give more and more attention to the dissemination of knowledge necessary for health preservation, at the present time its greatest functions are the clinical treatment of disease and the education of physicians, surgeons and nurses.

From the character of the work expected of it by the community, it is necessarily a very complex organization, but in reality it is primarily a hotel for the sick. It, therefore, must provide not only room service in the ordinary hotel sense, but it must render bedside care to unconscious and helpless patients. Unlike the hotel, every patient requires at least room service.

The hospital must maintain not only all the departments found in a first class hotel, but it must also maintain a very large number of additional departments such as the Dietary, X-Ray, Hydrotherapy and Massage, Electrotherapy, Pathological and Clinical Laboratories, Ambulance, Operating Rooms, Delivery Room, Dispensaries, Social Service, Morbidity Statistics, etc.

It must also conduct a professional school (the school of nursing) and a postgraduate medical course (for internes and resident physicians).

Two great difficulties in the way of administering such an institution efficiently are: First, the ignorance of the general public as to the cost of properly managing a progressive hospital; and second, a consequent lack of sufficient funds.

How many patients expect to pay an equal amount for hospital care as for simple hotel accommodations of the same grade in the same city? Do any, even those in private rooms, expect to pay higher rates than hotel rates? Why should they expect to be furnished not only with board and lodging, but expensive room service and be given the benefit of all the progressive scientific measures for the diagnosis and treatment of disease without meeting a reasonable expense to cover the cost of running such departments? Are we not somewhat to blame for encouraging semi-private and private patients to believe that it is possible to do this without subjecting them to charity? Is it not the duty of the chief executive to place the matter before the public in a manner not to be misunderstood?

To the lack of knowledge on the part of boards of trustees and to the lack of

[1] One of a series of lectures delivered to a group of students at Teachers College, New York.

reasonable funds, we trace the lack of executives, competent to supervise and direct the work of such a complex organization as a hospital. The development of a hospital to the fullest extent to meet not only its obligations to the public, in the care of its sick, but to conduct an educational institution as well, calls for executive ability of a high order. This can be attained only by education and experience and these must be coupled with definite personal qualities. There are too few such executives. As a consequence, we find many inexperienced and thoroughly incompetent heads of hospitals.

Organization

The hospital organization should include a Board of Trustees, Medical Board and Board of Woman Managers. The School of Nursing should be incorporated and should have its own Board of Directors.

Board of Trustees

The Board of Trustees should represent in its membership the financial, educational and social influences of the community and its responsibilities are: The appointment and support of an executive, competent to undertake not only the direction and supervision of the hospital, but its development as the great health agency of the community; to raise the funds necessary to supplement the hospital income in order to develop and maintain educational and scientific departments; to provide a high standard of medical and nursing care for patients and an unquestioned *esprit de corps* and morale amongst students and employees; to anticipate community needs; and to educate physicians and nurses to meet community needs.

The superintendent should acquaint the members of the Board of Trustees with their responsibilities and encourage them to attend hospital meetings and subscribe for magazines where hospital problems are presented and discussed.

The Board of Woman Managers is usually made up of the wives, sisters, daughters and friends of the Trustees, and is representative of the part of the community with unquestioned social background. Unless such a group is well organized, under wise leadership, and into committees with definite duties and obligations, it is possible for it to become a very definite handicap to the superintendent of the hospital. I believe that such bodies are not only willing, but anxious to be of genuine service and that superintendents are largely themselves to blame for the difficulties they sometimes experience with such boards. If any group of people is well organized into committees and if each committee has its own job and if care is taken not to have any overlapping, I believe that each member will be so interested in the work of her own committee that she will have neither time nor inclination to interfere with the superintendent or with any other committee.

The Board of Woman Managers at the Samaritan Hospital, (Troy, N. Y.) has seventy-nine members and was organized to buy for and to supervise the housekeeping and dietary departments of the hospital. These functions have been taken over by the superintendent, the Board has been reorganized, and has taken over other definite functions under the following committees:

1. Training School
2. House

3. Needlework
4. Surgical Dressings,—Senior
5. Surgical Dressings,—Junior
6. Hospital Aides
   a—Operating rooms
   b—Messengers
   c—Flowers
   d—Magazines
   e—Marking linen
   f—Marking utensils
   g—Assembling supplies
7. Thanksgiving and Christmas Dinners
8. Christmas Decorations,—gifts to employees and patients
9. Easter Decorations and Music
10. Charity Ball
11. Donation Day, etc.

Training School Committee

I make apologies for introducing the Training School Committee, but as our school is not separately organized, but is a hospital department, it has a Chairman and ten members from the Woman's Board, with the Principal, Superintendent, and President of the Board of Trustees and President of the Board of Woman Managers, as ex-officio members.

It has what I consider to be a very important sub-committee on discipline. This is made up of the Chairman, the President of the Woman's Board, the President of the Men's Board, the Principal, and the Superintendent. This makes it virtually improbable that the shortcomings of students will be very generally discussed over the tea cups.

The school committee has also a sub-committee that provides for and presides at afternoon tea for the students every Thursday from four to five-thirty p. m. Members of the Training School Committee provide the scholarships for students who elect the Public Health course given to students at Teachers College and Henry Street Settlement. One member provides two gold medals yearly, one for each section, to be won by the student having the fewest demerits during her course. Another member has provided funds for membership in the Eastern Council of Nursing Education, another has conducted two automobile trips with the school principal in her recruiting campaigns for students and has, thereby, received education, herself, on this subject. Another member has provided rugs for the students' rooms and at the present time is negotiating for a manikin for teaching. Members of the Committee have also assisted in summarizing the training school records, and as several are college women, they have not only received much valuable information about the school, but they have made a substantial contribution to the work. They have been given the Standard Curriculum to shed some light on the school records and one member, in consequence, has asked leave to spend one whole day with a student in order that she may have a better knowledge of the results achieved by the present methods of teaching. I call this rather intelligent and believe that much can be accomplished for the schools when once the intelligent women of the community get back of the principals of the schools of nursing.

The Committee may be much further developed to provide better recreational facilities for students and, not in the too far distance, to organize a campaign for the endowment of the school. The functions of such a committee are limited

only by the personality and imagination of the Principal of the School.

The House Committee is divided into various groups, for regular and thorough inspections of wards, private rooms, laundry, employees' building, kitchen, pantries, dining rooms, etc. Each group is responsible for definite inspections and in consequence there is no overlapping or confusion.

The Needlework Guild is in touch with the sewing circles of the various churches and other societies and its chairman gathers her group about her at the hospital on Wednesdays and cuts out the needed linen supply, bundles it up ready to send out, and accounts for its return. One member has marked all the hospital linen for the past twenty-six years. Many hundreds of pieces of linen are cut out and sewn,—such as gowns, curtains, towels, covers for ice caps, hot water bottles, mattresses, bureaus, not to speak of innumerable other things.

The Surgical Dressings Committee is under the same Chairmanship as the Red Cross Surgical Dressings Committee during the war. Practically all the gauze sponges and dressings used in the hospital as well as all the pneumonia jackets are made by this Committee. They work three days in the surgical dressings room at the hospital, one day of which is given over to the Junior group (daughters of the Woman Managers and their friends.) This group is very enthusiastic and interested.

The Hospital Aides may be seen in the hospital at any time between 9:30 a. m. and 5 p. m. One group is responsible for the supply and care of flowers; one for the supply and distribution of magazines; one for marking all utensils such as wash basins, emesis basins, private room equipment, surgical equipment, etc.; one for assembling supplies of stationary, etc. into dozens, for easy and accurate distribution on Mondays; one for folding and assembling operating room linen every morning; one for interviewing friends and relatives of patients at the front door of the hospital every afternoon; and in addition they stand ready to do anything else needed or asked for by the superintendent.

The Thanksgiving and Christmas Dinners Committee, as its name implies, is responsible for raising the funds for and providing the necessary food supplies for these holiday dinners.

The Christmas Decoration Committee is subdivided into committees for: (a) providing decorations and trimming ward trees; (b) Providing decorations and trimming tables in nurses' and employees' dining rooms; (c) Providing decorations and trimming office and hospital corridors; (d) Providing decorations and gifts and trimming children's tree; (e) Buying gifts for employees and patients; (f) Obtaining choir music for Christmas Eve and providing refreshments for the boys' vested choir of 40 members, on both Christmas and Easter.

The Easter Committee functions in much the same manner as the Christmas Committee, but is composed of different members.

The Charity Ball Committee is composed of the society leaders on the Board and as a result of its efforts several thousand dollars are raised each year.

The Donation Day Committee solicits such supplies as are asked for by the superintendent, including jellies, flower

vases, rugs, curtains, wheel chairs, silver for trays, etc.

Notwithstanding the activities of our Board of Woman Managers, there are much larger fields which they have not explored up to the present time. The Rochester General Hospital, (Rochester, N. Y.) has developed the committees into branchs, stems, twigs, etc. These committees are definite units each with a very explicit supply to furnish. For instance, one branch takes the responsibility for furnishing linen and each twig is responsible for the supply of some one article like sheets, table linen, pillow cases, etc. Such funds are raised by card parties, fairs, and other more or less social activities.

When you carefully consider the whole question, you will agree that a Board of Woman Managers can be also of very great assistance to the administration in disarming criticism against the hospital, for what one is working for, one is very likely to support, not only financially, but morally. The public is not likely to be adversely critical of a hospital that is so obviously supervised and supported by its Board of Managers. This gives sound backing and encouragement to the superintendent. The Board has a right to know in detail how the hospital affairs are being administered and it is certainly a great safeguard to the public.

Perhaps the most difficult group in the hospital to deal with and certainly the most difficult to reorganise is the Medical Board. If any Medical Board is perfectly organised and works in harmony, one member with another, it has never been my good fortune to be associated with it. It is certain, however, that a board well organized and made up of the best medical men of the community is vitally necessary for the scientific progress of a hospital.

Whatever their idiosyncracies may be, the hospital must have the leadership of the ablest medical men in its community. In the first place, the community is entitled to the results of their skill and experience and in the second place, the hospital cannot afford to be without them.

It will take all the superintendent's talent for conciliation and power of endurance to cope with some of the situations she will find in the Medical Board, but one thing is very certain and these gentlemen bank on it,—the hospital must have them. Much harm may be done by an inexperienced executive, as was done in one hospital of my acquaintance where a small group of exceptionally able physicians and surgeons presided over the medical affairs of the hospital with credit to themselves and the hospital. A group of younger men who should have received appointment as associates or assistants were kept off the Board and in consequence were much dissatisfied. With the change in administration they brought pressure to bear on the new executive who advised the Board of Trustees to increase the Board to 39 members, all on the same level of importance,—no associates or assistants. The new group far outnumbers and outvotes the original group. It will take years to undo the harm which was done by this reorganization.

The Medical Staff should have both a medical and a surgical head. The appointment of an executive medical officer, except in rare cases, brings nothing but friction, but the Board can be organised with definite officers such as

Chairman, Secretary, Treasurer and Executive Committee and there should be a definite head for each service such as the medical, surgical, obstetrical, pediatric, orthopedic, etc. Unless the officers are chosen with a view to fixing responsibility, they are not apt to be either interested or helpful to the administration. If Clinical Societies can be better developed, as seems likely under the stimulating influence of the American College of Surgeons, they will do much toward making the Medical Boards more coöperative and less individualistic.

With these three boards made up of the ablest men and women in the vicinity, well organized into various groups and committees for their definite work, it should not be long before the hospital can add materially to its endowments by bequests, legacies and campaign funds. When substantial sums are needed, it has been my experience and observation that they are usually obtained more easily through the Board of Trustees than through the Woman's Board.

Hospital Administration—Hospital Staff

The staff for a 150 bed hospital with two medical, two surgical, one pediatric, one obstetrical and one communicable disease ward, as well as a private patients' pavilion and semi-private accommodations should be as follows: Superintendent, Resident medical officers and internes; Medical heads and technicians of departments,—x-Ray, hydrotherapy, pathological laboratory, electrocardiograph; Pharmacist; Dietitian; Housekeeper; Bookkeepers; Historian; Stenographer; Telephone operators—day and night; Engineers, day and night; Head of laundry; Head of linen room; Chief cook; Hospital employees; Assistant Superintendent (usually the Principal of the School of Nursing); Assistant Principal; Instructor; Supervising nurses for operating rooms, private patients, night, medical and surgical services, dispensary, communicable disease and social service departments; Student nurses, 50 to 60; Orderlies.

One can visualize the amount of the pay roll when enumerating such a group as the foregoing, and can easily determine why the unpaid service of student nurses has become so popular. It is largely because of the absence of taxation (as a charitable institution) and the willingly given unpaid service of student nurses that the hospitals have been able to run on the present financial basis. We readily see also why it is going to require skill and persistence to bring the public to accept the student nurse as an educational responsibility, rather than as a financial asset.

Staff Conferences

For the best coöperation of departments, staff conferences should be held regularly. It may be difficult to assemble all heads of departments at any one time, but it is necessary for the best understanding and to avoid the defensive attitude. For instance, who has not experienced the defensive and "thus-far-and-no-farther" attitude of a housekeeper or dietitian towards supervising nurses? If all heads of departments are called in session together, and each has a suggestion or even a grievance to state, is it not reasonable to suppose that many misunderstandings will be dispelled and a much better understanding result?

As a matter of fact, experience shows this to be the case. Unless, however, the housekeeper, dietitian, historian, laboratory technician, etc., meet with the supervising nurse staff, the best results cannot be obtained. The conclusions reached by such conferences should be typewritten and any changes agreed upon should be posted on bulletin boards and inserted in ward manuals. These minutes should be read at the succeeding meeting to see that all conclusions are understood and that the changes suggested are in effect, as it is obviously a waste of everybody's time to hold conferences unless the suggested adjustments are made.

(To be continued)

REGISTRATION OF SCHOOLS OF NURSING IN CHINA

All Schools of Nursing in China, whether under Missionary, Government, or private control may be registered under the Nurses' Association of China, if the school can meet the requirements, as to professional standard, hospital discipline, and educational training of nurses.

The school must be able to comply with the following regulations:

a. The Hospital must have at least twenty-five beds.
b. The average number of patients per year should be at least two hundred.
c. The patients must be fairly representative of surgical and medical cases with obstetrical cases for women nurses. If possible an analysis of cases during the past year should be sent with the application to show the classes of patients treated.
d. The school shall adopt the uniform course of study and examinations required by the N. A. C.
e. It is most desirable that the Medical Staff of the Hospital should assist in the lectures and the teaching of the nurses.
f. If the school is unable to provide the necessary medical, surgical, obstetrical or children's nursing, affiliation with another registered school is recommended.
g. The School must be in charge of a full member of the N.A.C.

WARNING

A well known commercial registry in Chicago recently organized the "Association of American Nurses' Training Schools" with the purpose of securing students for schools willing to pay a stipulated price for the service. This organization has no connection whatever with the American Nurses' Association, although the name and the wording of the advertisements mislead many people into thinking it part of our official organziation. The only official Headquarters of the American Nurses' Association is at 370 Seventh Avenue, New York City, where it has offices in connection with the National League of Nursing Education and the National Organization for Public Health Nursing. The registry in question has already abandoned the use of the name "Association of American Nurses' Training Schools." We sound this warning because some of their "literature" may still be extant. Individual nurses and our schools are reminded of the free placement service of our national organizations and that our National Nursing Hadquarters is a source of reliable information on all matters relating to nurses and nursing.

TOO LATE FOR CLASSIFICATION

Michigan: The Michigan State Board for Examination of Graduate Nurses will hold an examination in Lansing, March 7 and 8. Helen de Spelder Moore, *Secretary*.

STUDENT NURSES' PAGE

THE IDEAL NURSE

I.

By Sigrid Clauson

School of Nursing, University of California, San Francisco

"ISN'T she sweet?" asked one ward patient of another. "Yes," came the reply, "and so funny,—I declare I believe my incision never will heal, she keeps me laughing so." Said another, "One day she came in with some ice water, and I asked her to pour some into my mouth-wash cup to cover my teeth. The nurse smiled at me. 'It's ice water,' she said, 'do you think the teeth will chatter'?"

Comments like these are heard every day on the wards. One of the best ways of knowing a student nurse is to listen to remarks made by the people she works with. Some remarks are derogatory and unfair,—products of ill minds and bodies. On the whole, however, a promising nurse is one who spreads happiness and joy of living, and to whose coming the people look forward each day.

Ideals are ephemeral, and grow day by day,—usually better. It is hard to tell a person just what one's ideals are. They are there, like guide-stones on a trail, but something seems lacking when they are put into words.

A nurse should have abundant health. A strong body, glowing with health and sensible care, attracts people and inspires a desire to be well. A person of that type in a sick room, is like a fresh breeze laden with the odor of wet leaves of the woods. The figure seems accurate,—the close coöperation of mind with nature, putting life on a wholesome, natural plane.

The spirit of youth is valuable. Age in itself matters little, so long as the mental make-up is progressive and youthful. A nurse needs elasticity and ability to adapt herself and grow to meet new needs. Mental equipment may be as elaborate as possible. Real education, ability to think, open-mindedness, and sympathy,—in short, development of mind and heart, are indispensible.

A nurse needs to be sensible, and rational. Too often people form a wrong opinion of nurses as a whole because some lack true self-respect, they will sacrifice their vitality at the altar of pseudo popularity. The wise girl trains and disciplines herself so that when some great need arises, she has a reserve from which to draw, and need not depend upon coffee and cigarettes to tide her over.

High mindedness and nobility come to those who try conscientiously to have them, and should be a part of every nurse's character. The objection is still heard that nurse training ruins a woman's character, but it seems that much depends upon the stamina a woman has when she enters. Generally, she is strengthened and broadened.

Above all, a nurse should be human. It is no compliment to her to be considered a machine. She should give of herself and enter into the lives of her people so that when her work is done, the patients may remember her.

"Oh yes," one patient was heard saying, "well do I remember her, she kept my mind occupied with happy thoughts, she was a godsend."

II.

By Lorene Epley
Christ Hospital, Cincinnati, Ohio

YOU would love my ideal nurse, not alone for her physical beauty, but for the beauty of her character, for "character is the stone that cuts all other gems."

My nurse can smile, and does. She knows that her smile might save a life, because some soul might wish to live because *she* smiled.

This nurse is what she is. She knows that, try in vain, and for years, and through eternity, she can't be what she isn't. Dignity but not superiority has become a part of her, and perfect dignity is born of tactfulness. She has learned that one careless word can lose a friend for life or make a bitter enemy. And above all, she has discovered that she is not the only one who is living a life worth while and that the world goes on forever, even without her help.

She is a woman with an ambition and her ambition reads like this:

"I would be true for there are those who trust me.
I would be pure for there are those who care.
I would be strong for there are those who suffer.
I would be brave for there is much to bear;
I would be friend of all the poor and friendless;
I would be giving and forget the gift;
I would be humble for I know my weakness;
I would look up, and laugh and love and lift."

AMERICAN CHILD HEALTH ASSOCIATION

Under the leadership of Herbert Hoover, chairman of the American Relief Administration, a union of societies known as the American Child Health Association has been formed for the protection and promotion of child health in America. This Association will put the full strength of the American Relief Administration behind a merger of two great national organizations at present doing work in America for children. One is the American Child Hygiene Association which for thirteen years has been striving to improve conditions for the mother before and after childbirth, for the infant and for the pre-school child up to five years of age. The other is the Child Health Organization of America which under the presidency of Dr. L. Emmett Holt aims to have health taught in the schools as a positive, not a negative subject, and to make the teaching such a game as will engage the active interest of every boy and girl in America. Both have already done remarkably successful work which will now be greatly broadened. Supporting them will be the American Relief Administration, translating into service through the new Association the experience in organization and administration gathered in eight years from the time of the Belgian invasion when it functioned under the name of the Commission for Relief in Belgium, through the years of reconstruction in Eastern and Central Europe and down to the present day in Russia. The American Child Health Association will cover the whole cycle of child life prior to the period when the individual enters the industrial field. Such a work cannot be effected without the fullest coöperation of the local welfare agencies already functioning. It needs the active assistance of every parent, doctor, nurse, teacher, public health official and social worker in the country.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

WHY CLOTHE THEM?

DEAR EDITOR: Hasn't it been proven by the treatment of tuberculosis and other diseases that it is natural for the body to be exposed to the air and sunlight? If so, why do nurses in foreign lands teach the natives to wear clothes when they have never worn anything but a gee string?

New Mexico R. D.

(Will some missionary nurse, or ex-missionary nurse reply to this question?—Ed.)

LOOKING FORWARD

DEAR EDITOR: I'm just a small probationer, most insignificant. But sometime soon I'm coming out and be a debutante. And then I'll never sweep the floors, or clean the messes up, or let the charge nurse treat me like a little yellow pup, or run a million errands, and walk and walk and walk, and be asked a million questions to be silenced when I talk. Oh, no, I'll wear a cap and bib and a pretty set of cuffs. I'll know no more subserviency or scoldings or rebuffs. I'll walk professionally down the hall and look in at the ill, and straighten up a pillow here, or smooth a brow at will. I'll give them all their medicines, and ask each how she feels, and chart down all the symptoms, and prepare the special meals. I'll wait upon the doctors in a most proficient way, and turn a wise, attentive ear to whatever they may say. And if ever I am hungry, I can always have a bite, and never have to choke it down, in clandestinish fright. As each probationer arrives, I'll be very kind and sweet, and teach them how they too can be obedient and neat.

New York PROBATIONER.

A PLEA FOR MORE NURSES' HOMES

DEAR EDITOR: I have lived in several nurses' homes connected with registries. This I found a convenience, but one not always worth the money we gladly threw in. We were really packed in like cattle,—sometimes three in a room, but paying from $16 to $25 per month. Now I am not reflecting on the registrars. I prefer the registry work on a ten per cent basis, but it seems as though a home should be made attractive for nurses, especially those just coming out of the schools. At best, they should have one equal to what the hospitals furnish, but those that do this are overcrowded. I wrote a philanthropist asking him to establish a home like the Central Club, in New York City, but it was not considered. Now I am wondering if a group of ten nurses could not start a club by each putting in one month's rent and a commission. I am comfortably located but I hope this letter may help to secure comfort for nurses off duty.

New York L. V. N.

FROM CHINA

DEAR EDITOR: We were glad to know that our greetings reached America in time for the convention and that they were appreciated. While we are living and working in this far away land, our thoughts are always with you in the home land at the time of these great gatherings. We have read with interest the account of the convention, and we hope the coming year may see even greater progress along all lines than has been possible in the past. While we have our dangers and strange ways of travel and the difficult old Chinese language, and many things the nurses at home do not have to worry about, yet there is not a nurse here who would exchange places with those who have never felt the thrill and the pull and the need of wonderful old China. If you know any young nurses who really want to *live* and help transform a nation and make nursing history and multiply their lives a thousand fold, tell them that China today offers all these opportunities and more, and best of all, the love of a people who will appreciate their work and who need more nurses desperately.

China C. E. S.

FROM THE PHILIPPINES

DEAR EDITOR: Aparri is situated on the extreme northern coast of Luzon, and, with its adjacent barrios, has a population

of about 25,000. Naturally, there are many young people, many of them students and teachers in the Intermediate School. Outside the school, there are only three places of amusement in the town: two dance halls, and one cinema. The majority of the houses are too small for any attempt at entertainment among the young people in their homes, so there is an urgent need for a reading and recreation room. This matter has been discussed with our young people, and they are very enthusiastic about raising funds for a small building, but we must depend upon our friends in the States to furnish us with reading material. Of course we would greatly appreciate financial aid, also, as at best there is little money here, but the Methodist boys are willing to help erect a building, if we can raise enough money to buy materials. Our work is primarily medical, but as there are no other missionaries within a day's journey, the spiritual and social welfare of our young people naturally comes under our supervision. We entertain in our home as much as possible, but as our home is directly over the hospital wards, it is not always wise or convenient to have a live bunch upstairs. We are much concerned that they may have clean reading, and clean social entertainments, as the future of the Philippine Islands depends upon keeping these young people interested and they are always hunting books and magazines. We hope this situation will appeal to you as it does to us, and that each one that reads this plea will answer it with either books or magazines, (postage and freight prepaid) or subscription for periodicals and magazines. Do not send us anything that you would not have your sons and daughters, brothers or sister, read and so far as possible, send books in good repair so they can be properly catalogued. Books of travel, Alger and Henty books, Boy Scouts, etc., are eagerly read. Any of the numerous magazines for boys and girls and any of the current magazines and educational journals for teachers and older people. We have tried to interest the Y. M. C. A. in this work, but owing to the fact that there is no high school here, they are not in a position to aid in the matter.

O. G. Taylor, M.D.

Aparri, Cagayan Province, Luzon, P. I.

"TO SEE OURSELS AS ITHERS SEE US"

DEAR EDITOR: I am so tired of a phrase which we frequently see in print and hear in addresses that I can no longer keep still about it. It is the phrase: "Twenty years ago (or some other number) there were but two fields open to the nurse when she graduated." I graduated from a large, excellent western school thirty-two years ago. There were about thirty-five members in my class. We immediately scattered and took up the line of work to which we were drawn or which most attracted us. Some of the positions open to us were: Superintendent of a hospital, superintendent of a training school, matron of a nurses' home, head of an institution for children or for cripples or for the aged, physician's assistant, (visiting his patients to give treatments or do dressings, between his calls), office nurse, clinic nurse, missionary nurse, registrar of a nurses' directory, night superintendent, nurse-secretary to an invalid, and lastly, private nursing. Possibly I am wrong in thinking every one of these was available when I graduated, but all came within a few years of that time, and also, very soon, hourly nursing and visiting nursing. Having thus relieved my mind, I will allow the younger generation to keep on saying, as they will, "Twenty-five years ago, only two positions were open."

New York C. E.

A SUGGESTION FOR PRIVATE DUTY NURSES

DEAR EDITOR: I have an idea, but when first I suggest it, I know you are going to say, "Impossible." Very well, a great many things have seemed impossible when first suggested, that to-day are a common sight, such as the automobile, and in a few years, the aeroplane or flying machine as it was called in its pioneer days. Well you may consider this my flying machine. But one of the big problems before us today as private duty nurses is the charge that we are an expensive luxury. And who is it that is expressing the severest criticism? The doctors, and the big ones, too. Not always to us personally but we get it through their spokesmen, the small town doctors and others. To begin at the beginning, why not do just as the

doctors have done? Have a minimum and a maximum price. The one who can afford to pay a surgeon from $500 to $10,000 can afford to pay more for nursing service than can the man earning a small salary. Of course the doctors have been criticised for this, but we know that if it were not for this plan, they would not be able to do the enormous amount of charity work they do. Let us arrange our plan along the same lines as the institution that has recently criticised us so severely. Their tremendous success financially and otherwise has been because, by making it a success financially, they were able to equip the institution with every facility known to modern science and so enable them to do many, many things that would have been impossible otherwise. My plan is this: 1, Organize private duty sections in every district; 2, Take over the registries; 3, Have all nurses living in the district, whether in the same city as the registry or not, be sent out by the registry. (It can be done by telephone with very little expense. I have tried it myself in the past); 4, Have the registry investigate all cases just as is done by the institution we are modeling our plan after. (It might take an extra stenographer in the office, but it will pay); 5, Have the fee in each case fixed by registry, and all money paid directly to the registry, eliminating in all cases, the presentation of the bill by the nurse; 6, Pay the nurse a fixed sum per day for all cases regardless of the rating of the patient. If this sort of plan could be adopted, we can give the man of moderate means, good nursing, cheap, and yet the nurses will be getting a sufficient salary and burdening no one. I would suggest a scale of $25 to $35 per week for the people of very moderate means; $50 to $75 per week for the people of some means, and $100 per week as a maximum. I have a more definite plan, whereby investigations can be made and the general plan worked out, which I will be glad to discuss with anyone.

Michigan G. M. P.

NURSING IN A GIRLS' SCHOOL

DEAR EDITOR: Having been asked to give a description of nursing in a private school, I will attempt to do so. This school registers, usually, one hundred and fifty girls, mostly college "Preps." They range in age from fourteen to twenty years. As a physician's certificate of health is necessary for admission, practically all girls are in good condition generally, and there is more guarding of health than actual nursing. My hours are 7 a. m. to 7 p. m. except on Sunday, when they are from 9 a. m. to 1 p. m., and on Thursdays I have a whole day free. I have one hour each day in which I may leave the grounds. If no one is in the infirmary, I am free to roam about the campus or building at leisure, and unless there are patients in the infirmary, my leisure time is my own. At times when the infirmary is filled,I have no free time. An undergraduate nurse assists me and also relieves me in my free time. I arrange my own office hours. On Saturday, either my assistant or I act as chaperon into the city, for either shopping or lunch and theater. We also do all chaperoning to doctors or dentists. However, very little of that is done, as we have a resident woman physician and the girls usually choose her. If a girl is ill enough to require attention at night, a special nurse is called. I am rarely called during the night. During hockey and other athletics I have many emergencies, none of a serious nature, but demanding immediate attention. The work appeals to me as I am constantly in association with young life that most nursing gives no time for. A nurse who enjoys active service in nursing might not enjoy it; but for anyone whose health requires regular hours, this is very good. The salary differs in different schools, ranging from $1100 to $1400 and home; Christmas, Easter and summer vacations are given. It is also possible for one in this position to do considerable in furthering her own education by attending lectures and concerts in the school. Chaperoning is not compulsory but is usually desirable.

Massachusetts M. H.

AN UNUSUAL CASE

DEAR EDITOR: Since 1919, I have been doing postoperative surgical nursing for one of the leading surgeons of our hospital staff. One morning he asked me to be at the hospital at nine-thirty for a splenectomy. The patient was a young Italian boy, twenty years of age, admitted to the hospital some

two months previous as a medical case, suffering from anemia and a severe cough which would not yield to treatment of any kind. In reading over his chart, I decided he had partaken of all the cough mixtures known to medical science. His hemoglobin was 30 per cent. when admitted to the hospital; he was transfused and hemoglobin went up a few points for a few days, then dropped to 18 per cent., this continued until he had been transfused five times, one pint of blood being given at each transfusion. He was placed on the operating table with hemoglobin of 8 per cent., and was transfused with one pint of blood before the operation. An incision about six inches long was made under local anesthesia, then nitrous oxide gas was administered while handling the viscera. The spleen was found to be adherent to the walls of the diaphragm by broad bands and upon removal was gorged with venous blood; it weighed a fraction over five pounds. The patient returned to the ward in as good condition as he went to the operating room. He continued in the same condition for three days. I went on duty one morning and found the abdominal dressings wet. Ascites had developed and fluid was draining through the incision. This meant a change of dressings, on an average of every two hours, day and night. This condition continued about one week, then the patient improved rapidly, the cough had entirely disappeared after the removal of the spleen. The wound healed by first intention and at the termination of the fifth week, following operation, the patient was walking around, hemoglobin 75 per cent. Patient was discharged from hospital, to report in three months for blood count. At this time the red cell count was normal and hemoglobin 100 per cent.

Pennsylvania M. W.

UNDAUNTED

DEAR EDITOR: Among the nurses who took the last state board examination was one who graduated twenty-eight years ago in another state. For fifteen years of married life, she was not engaged in her profession until she was left a widow with a little son to support, when she came here, devoting her mornings to dispensary work and her afternoons to visiting nursing. For one reason or another, she had neglected taking her examination until a recent law impressed upon her the realization that she must take it or lose her professional standing. Many of the subjects in which she was examined had not been taught during her course of training, yet she passed the examination with a grade of 83. She is a busy little woman, always as cheerful as sunshine and, I fear, as sunshine accepted by those whom she serves without any fuss or appreciation. Hearty congratulations are due her. Will the *Journal*, through its pages, let her know how other nurses feel about the things she has accomplished?

Indiana L. C.

PUNISHMENT FOR THE INNOCENT?

DEAR EDITOR: The enclosed clipping is an editorial in the *Chemical and Metallurgical Engineering Magazine*. It comes directly in our province, as nurses, to protect the sick. We ought to know the hazards and watch the alcohol we use.

Massachusetts. E. W. G.

"On November 6 the prohibition authorities at Washington issued a new ruling in regard to alcohol for rubbing purposes. Heretofore one of the principal denaturants for rubbing alcohols has been diethylphthalate. This is practically odorless, is a solvent for essential oils and makes alcohol completely unpotable. No one would want to drink it after his first 'gulp.' The new ruling which goes into effect December 6 requires that besides this 'the denaturer shall add to each 100 gallons of the two specified formulas (30-A and 30-B), as now authorized, three-eighths of a gallon of approved benzol of the quality specified.'

"Now, benzol is not odorless; it has a definite and unpleasant smell, and is a poison recorded as the cause of many deaths. Of course three-eighths of one per cent. is very little, but some persons are remarkably sensitive to it. In our issue for September 20 we published an article on benzol poisoning, its occurrence and prevention. The author said that benzol may be absorbed through the skin, but he doubted if this mode of entry presents a serious hazard in industry. This referred to benzol by itself. The mixture of

benzol and alcohol, however, is more volatile than either of the two, and the solution will penetrate when benzol alone will not.

"After diligent inquiry among the best authorities the only excuse we can get for the use of benzol in alcohol for this purpose is that it 'probably' would not have a toxic effect in three-eighths of one per cent. dilution. But this is far from a guaranty. Chemists familiar with the operation of tar distilleries tell us that mere contact with benzol frequently produces eruptions like boils on the skin. Dr. Alice Hamilton reported in 1916 that, from inhalation of the fumes alone, fourteen new cases of acute poisoning and seven deaths occurred. Here is a typical example of the effect on one who is sensitive: a benzol kettle had been empty 24 hours, was then washed out twice with steam and permitted to stand filled with water over night. As a workman went into the kettle a strong stream of air was blown through it. Nevertheless he was overcome by the fumes. He was rescued, but one of his fellow workmen who merely assisted at the rescue was also overcome, and died within 10 minutes. Not only are persons supersensitive to this poison but those in bad health have also been observed to be especially susceptible to its dangers. There are plenty of instances of a similar nature. Benzol poisoning is a serious industrial hazard.

"All nurses are trained to give patients an alcohol bath, especially in cases of fever. Denatured with diethylphthalate it has been tried and found acceptable. But to add benzol with all its hazards to this universal solvent, when its potency is increased by such a solution, and to threaten the sick and afflicted with its poisonous consequences, seems to us clear beyond the province of the prohibition authorities."

This question was referred to James A. Tobey, Washington Representative of the National Health Council, who replied as follows:

"In reply to your letter of January 10, I am enclosing the regulations of the U. S. Bureau of Internal Revenue regarding the denaturing of alcohol. You will note that Formula No. 46 applies to use by nurses of alcohol for bathing. Formula No. 39a and 39b mentioned in the editorial from the chemical magazine are given in the mimeographed sheets which are also enclosed. The editorial is evidently correct, except that, in my understanding, nurses are not required to use Formula 39a and 39b but may use Formula 46 which contains no benzol whatsoever. With regard to the poisonous effect of benzol, I am, of course, not competent to judge although I understand that Dr. Alice Hamilton has stated that benzol is poisonous."

TO THE PROBATIONER

DEAR EDITOR: The probationers' first impression of hospital training is that they have entered upon a period of trials and tribulations. The reproofs which are given apparently very severely, are not to discourage, or down them, but to help in their own individual way. There are many ups, and downs, in all branches of life work. Work often seems hard, and unyielding, but work really is the center of gravity, from which radiates all goodness, intelligence, and greatness. It is the foundation stone on which is built the courage and ability, which have carried all great leaders to success. Be courteous and kindly to all those committed to your care, remembering always that every short moment contains limitless possibilities and limitless accomplishments. Be loyal to your training school, remembering that in so doing you are raising your own professional standard as well as that of your training school. And through faithfulness and ability you will follow the ever broadening path of opportunity, which eventually leads to success.

Massachusetts. M. S. M.

HOW CAN PRIVATE DUTY NURSES HELP PUBLIC HEALTH NURSES?[1]

DEAR EDITOR: This is a question that would perplex the genius of Thomas A. Edison, himself. Having served in both public and private nursing, I know the joys and the sorrows of the two branches of the profession. When specializing in a hospital, dressed in a uniform that would excite the jealousy of a full grown angel, a tired, dusty nurse in a blue dress walks in, leading a

[1]Read at a meeting of the North Carolina State Nurses' Association, September, 1922.

miserably sick, shabby looking woman, whom she takes into an adjoining room. Go over and say, "Just as soon as I am off duty, if the head nurse is willing, I can stay with your patient." Think how that would comfort both nurse and patient, especially if the latter is frightened because of the strange surroundings. When the city nurses have some very sick patients, and it is not convenient to send them to a hospital, and skilled care is needed to save precious lives, and you are called on night duty, do not refuse the case because there are no modern conveniences, and the meals are served on oilcloth. These people will always give the best they have, and the gratitude of the family will always compensate for any discomfort you may endure. Imagine what it means to the wage earner to get a good night's sleep, knowing their dear one is having proper care. It is not necessary to charge the regular fee for such cases; one can give a few days occasionally, that is one's own business. We can enjoy a day with the county nurse, helping with the school or office work, also giving clinical demonstrations and lectures, at the same time learning practical engineering and how to run a car. Private nurses are apt to get into a rut and a very deep one too. It is an inspiring thing to go around with our fellow practitioner and get another viewpoint. At our district meetings, why not at least once a year, let the public health nurses take charge of the meeting, so that all can learn of their many problems, and understand better how to help?

May I ask you to carry this message home to your respective districts? Why should the private nurses not be educators? What are they doing to interest people in the many homes they enter? Do they ever speak of welfare work, of civic needs, of the unnecessary deaths among women and children in the rural districts, and of the under-nourished school children? Why, no other class of women has so great an opportunity to interest influential people as has the private nurse. In the year 1859, a prominent merchant of Liverpool, William Rathbone, employed a private nurse to take care of a member of his family who was very ill. He was so impressed by her skill and personality that, knowing the needs of those unable to afford a nurse, he asked her to give up her work among the rich, and do visiting nursing among the less fortunate, Mr. Rathbone financing the undertaking. What one private nurse did, others can do. This was the beginning of public health nursing in England. This nurse worked for the future. Remember that retrogression is a word not in our vocabulary. Private nurses must study the history of nursing. It is a romance! We must all be interested in this great health crusade which is sweeping around the world; it ranks next to the propagation of the Christian religion. The days will come, when there will be no maternity deaths, no weakly children, no toothless old people, no nurses for the sick. The descendants of private nurses can sit in a house by the side of the road and watch the well go by, if they refuse to join the welfare workers. The offspring of unborn generations will arise and bless the public health nurse, in the time when perfect health shall cover the world as the waters cover the sea. We are all sisters under our skins, like the Colonel's lady and Judy O'Grady. We all love flattery as a monkey loves sugar, but do not let us get fatty degeneration of the cerebrum.

Mary Rose Batterham.

WHY ONE FAMILY WAS GLAD WHEN THE NURSE LEFT

DEAR EDITOR: She had more would-be dignity than they could swallow. She lacked sympathy. She had to have special food prepared for her. She preferred to sit by the bedside reading aloud to her patient rather than lend a helping hand with something essential that was not strictly her province. She answered a call in the night in a surly, yawny manner. She never seemed able to efface herself; was always around when husband and wife wanted to talk privately. She gossiped about her last "case." She did not consider it "her place" to wash the patient's dishes when there was a maid in the house, thus causing friction. She monopolized the telephone. She borrowed small sums of money from the patient and forgot to pay them back. When taking the small child for a supposed airing she spent the time with him indoors visiting with a friend. She had a

nasty habit of examining the patient's mail before handing it over. She did not know enough to retire from the bedroom when the patient had a caller. She had an excrutiating habit of clearing her throat while preparing the patient's tray, so that the sound came right up from the kitchen, resulting in loss of appetite to the patient. She picked her teeth comfortably, right in front of the patient, with a pin which she kept for the purpose in the front hem of her waist. She spun out the work, so that often the patient was not washed before the doctor came. She always seemed to start a conversation with the man of the house just as he was hurrying to catch his train. She invariably left the bedroom door open while bathing the patient. She tried to find out private affairs from the maid. Summed up, she was utterly devoid of that quality so precious in any profession, TACT. Trifles these, yes! But just as daylight can be seen through small holes, so do little things show a person's character.

Washington. E. S. M.

A CORRECTION

DEAR EDITOR: In my article published in the December *American Journal of Nursing*, "An Appeal for Nurses in Tuberculosis Sanatoria," there is a mistake in the address of the Nopeming Sanatorium School. It reads, "Nopeming, Mich." and it should be, "Nopeming, Minn." I should be grateful if this can be corrected.

HARRIET R. GROFF.

WANTED—A COPY OF THE LIFE OF FLORENCE NIGHTINGALE

DEAR EDITOR: The Johnson City General Hospital wishes to secure a copy of the *Life of Florence Nightingale* by Cook, now out of print. Will anyone who has a copy which she would sell, communicate with me?

HELEN G. WEBB
Johnson City General Hospital,
Johnson City, N. Y.

A COMPLETE FILE OF THE JOURNAL WANTED

If anyone has for sale a complete file of the *Journal*,—Volumes I-XXII, will she communicate with Richard Jaschke, 26 High St., New Oxford St., London, W. C. 2, quoting the price? The file must be complete and in good condition.

JOURNALS ON HAND

Estelle Mowrey, 510 Valley Road, Upper Montclair, N. J., has the following numbers of the *Journal* which she will sell at twenty cents each and postage: All copies from May, 1915, to December, 1921, with the exception of 1916, April; 1917, January, June, November, December; 1918, December; 1920, January.

TOO LATE FOR CLASSIFICATION

A NEW COMBINATION: *The Survey* and the *American Journal of Nursing* have agreed to offer a combination of the two magazines at the special rate of $5.50. Singly they would be,—*The Survey*, twice a month, $5; the *Journal*, once a month, $3. Subscriptions for the combination may be sent to either office.

ISABEL HAMPTON ROBB FUND SCHOLARSHIPS: The Isabel Hampton Robb Memorial Fund Committee offers for the year 1923-24, three scholarships of $250 each for students wishing further preparation for administrative or teaching positions in training schools. All applications should be sent to the secretary of the Committee, Katharine DeWitt, 19 West Main Street, Rochester, N. Y. The closing date for applications is May 1.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

On January 1, the executive secretary of the National League of Nursing Education, Ella J. Taylor, and the secretary of the American Nurses' Association, Agnes G. Deans, assumed their duties at National Headquarters, 370 Seventh Avenue, New York.

The president of the American Nurses' Association, Adda Eldredge, has been made a member of the Woman's Committee of the National Committee for the Restoration of the Louvain Library, Belgium.

NURSES' RELIEF FUND
REPORT FOR DECEMBER, 1922

Receipts

Previously acknowledged	$ 7,579.26
Interest on Liberty Loan bonds	641.37
Interest on balance	145.34
Alabama: District No. 2	35.00
Arkansas: State Nurses' Association	150.00
California: District No. 2, Fresno County, $78; Dist. No. 5, Los Angeles County, $55; Dist. No. 9, San Francisco County, $25; Dist. No. 18, City of Long Beach, $27	185.00
Colorado: State Nurses' Association	50.00
Connecticut: Danbury Hosp. Alumnal Assn., $10; Connecticut Training School of New Haven, $58	68.00
District of Columbia: One individual, In memoriam, for her sister	5.00
Florida: One individual	1.00
Georgia: State Nurses' Association, $50; Dist. No. 1, $21.50	71.50
Illinois: Four individuals, Chicago and Austin	73.00
Indiana: Robert Long Alumnae, $21; Reid Memorial Hosp. Alum., $16; Muncie Home Hosp. Alum., $19; Indianapolis City Hospital, $40.75; Hope Hospital, Ft. Wayne, $25	130.75
Iowa: Dist. No. 1, $4; Dist. No. 2, $49; Dist. No. 3, $1; Dist. No. 4, $27; Dist. No. 5, $27; Dist. No. 7, $2	110.00
Kansas: State Nurses' Association	10.50
Maine: One individual, Bangor	1.00
Maryland: One individual, Govans	5.00
Michigan: Dist. No. 4, $44; Blodgett Memorial Hosp. Alum. Assn., $5; Dist. No. 10, $28; Dist. No. 1, $2; Benton Harbor, $1	80.00
Minnesota: Eitel Hosp. Alum. Assn., $30; Individual Alum. Members, $8	38.00
Mississippi: State Nurses' Association	7.50
Missouri: One individual, Kansas City, $1; University Hosp. Alum., $4; seven individuals, $7	12.00
Nevada: State Nurses' Association	200.00
New Hampshire: Seven individuals, $7; Sacred Heart Hosp. Alum. Assn., $25	32.00
New Mexico: State Nurses' Assn.	1.00
New York: Dist. No. 4, four individual members, $4; Dist. No. 3, Arnot-Ogden Hosp. Nurses' Alum., $25; Dist. No. 13, Presbyterian Hosp. Nurses' Alum., $100; Presbyterian Hosp. Nurses' Alum., one individual, $25; Metropolitan Hosp. Nurses' Alum., $25; through Irene B. Yecum, City Hospital, $13; one individual, $5; Dist. No. 14, $361.67; one individual, Rochester, $1; French Hosp. Alum. Association, $25	784.67
North Carolina: Winston-Salem City Memorial Hosp. Alum. Assn.	9.00
Ohio: One individual, Cleveland, $2; Dist. No. 3, $16	18.00
Oklahoma: State Nurses' Assn.	12.00
Pennsylvania: Dist. No. 1, $437; Dist. No. 2, $130; Dist. No. 3, $261; Dist. No. 4, $69; Dist. No. 5, $104; Dist. No. 6, $296; Dist. No. 7, $190; two individuals, $2	1,487.00
Texas: Dist. No. 1, $30; Dist. No. 8, $125; Dist. No. 9, $44; Dist. No. 3, $17; Dist. No. 5, $23.25; Dist. No. 7, $14	273.25
Washington: Whatcom County Nurses' Assn.	55.00
Wisconsin: One individual, in honor of the work of Mrs. C. V. Twin	10.00
Total Receipts December 31, 1922	$12,280.94

Disbursements

Paid to 31 applicants for December	$465.00

Exchange on checks.....	.60	
		465.60
December 31, 1922, balance.....		$11,815.34
Invested funds		$59,267.04
		$71,082.38

Contributions for the Relief Fund and requests for blanks should be sent to the American Nurses' Association, 370 Seventh Ave., New York. For information address E. E. Golding, Chairman, 317 West 45th Street, New York City.

V. LOTA LOEHMER, *Treasurer.*

TABLE OF RELIEF FUND CONTRIBUTIONS FOR THE YEAR 1922

The state memberships given in parenthesis are one year old, figures to date not having been received.

States having a star after the name have reached or exceeded the desired quota of one dollar for each member. Arizona, Montana, and Tennessee had stars last year, also.

State	Membership	Amount sent to Relief Fund during 1922[1]
Alabama	208	$ 58.60
Arizona*	96	226.00
Arkansas	225	108.00
California	2669	1,489.75
Colorado	(544)	133.95
Connecticut	1210	518.12
Delaware	131	50.00
District of Columbia	455	207.00
Florida	233	51.00
Georgia	338	179.50
Idaho	(78)	None
Illinois	2560	409.60
Indiana	800	543.75
Iowa	1146	571.49
Kansas	514	169.00
Kentucky	(306)	122.00
Louisiana	454	25.00
Maine	(325)	148.00
Maryland	1087	125.50
Massachusetts	2422	142.00
Michigan	(1534)	312.00
Minnesota	(1447)	456.55
Mississippi	(70)	45.00
Missouri	1845	514.10
Montana*	(178)	216.10
Nebraska	458	52.50
Nevada*	(35)	200.00
New Hampshire	(267)	256.50
New Jersey	1485	290.00
New Mexico	(96)	30.95
New York	8176	3,094.46
North Carolina	462	29.25
North Dakota	(198)	5.00
Ohio	1616	348.00
Oklahoma	279	190.00
Oregon	(370)	67.25
Pennsylvania	5422	3,344.00
Rhode Island	468	3.00
South Carolina	340	5.00
South Dakota*	117	141.00
Tennessee*	(472)	564.00
Texas	892	588.05
Utah	(189)	26.00
Vermont	210	None
Virginia	452	25.00
Washington	(744)	195.50
West Virginia	209	1.00
Wisconsin	753	434.00
Wyoming*	40	75.00
Hawaii	112	None

[1] These figures are computed from the monthly report of the treasurer as printed in the *Journal*, month by month.

ARMY NURSE CORPS

In December, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Beaumont General Hospital, El Paso, Texas, 2nd Lieutenants Caroline Bennett, Caroline Hutcheck, Clara Moerk; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieutenants Mary E. Cavanaugh, Isabel E. Mulick; to Station Hospital, Fort Leavenworth, Kansas, 1st Lieut. Samantha C. Plummer and 2nd Lieutenants Estelle N. DeMonthier, Martha F. Stewart, Rose E. Yates; to Letterman General Hospital, San Francisco, California, 2nd Lieutenants Mabel Williams, Mollcent King, Inez H. Wiley; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieut. Lulu J. Newton; to Walter Reed General Hospital, Washington, D. C., 1st. Lieut. Elizabeth V. Messner and 2nd Lieutenants Stephanie Masbech, Helen A. Taggart; to the Hawaiian Department, 2nd Lieut. Madolin E. Milheim; to the Philippine Department, 1st Lieut. Anna B. Carbon.

Orders have been issued for the separation

from the service of the following: 1st Lieut. Marguerite H. Wohlers; 2nd Lieutenants Gradie Baggarly, Josephine H. Balentra, Catherine L. Burke, Helma Clearwater, Rose E. Connolly, Ruth K. Compton, Helen E. Flora, Katherine E. Geisenderfer, Margaret E. Goolsby, May Lawrence, Pearl J. MacCarlie, Paula E. Mattfeldt, Frances Mullane, Alberta M. Murphy, Agnes J. O'Neill, Beulah Rochelle, Stella M. Swank, Mabel Walker, Bertie A. Weber, Flora Wolf.

Five members of the Army Nurse Corps, 2nd Lieutenants Florence I. Hilyer, Harriett Willett, Elizabeth M. Reamer, Margaret Shook, and Rae D. Landy, have been authorized to take a course of instruction in Dietary Administration at the Battle Creek Sanitarium School of Home Economics, Battle Creek, Michigan. The course began January 29, and will cover a period of four months. The programme includes lectures and laboratory work on Elementary, Advanced, and Institutional Foods, Nutritional Dietetics, Diet in Disease, and Institutional Administration.

Plans have been completed for two members of the Army Nurse Corps to take advantage of a course in Psychiatric Nursing which has been arranged by the Veterans' Bureau. Expert lecturers will give a series of talks on various phases of mental diseases, and an especially prepared nurse who will be in charge of the group of nurses taking the course will demonstrate nursing methods in the care of psychiatric patients.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps,
Dean, Army School of Nursing.

FURTHER INFORMATION REGARDING THE LA VERNE NOYES SCHOLARSHIPS

Some weeks ago the attention of the War Department was called to the fact that members of the Army Nurse Corps who served in the World War were eligible to scholarships under the provisions of the will of La Verne Noyes, formerly a millionaire inventor of Chicago. Since that time a total of sixteen such scholarships have been awarded to former members of these Corps. Fourteen of these are at Teachers College, Columbia University, New York City, one is at Northwestern University, Chicago, Illinois, and the other is at Peabody College for Teachers, Nashville, Tennessee.

For the information of those who are not acquainted with the terms of the bequest, the following is quoted from the statement of the Trustees of the fund, which appears on the application blanks for the scholarships:

"Under the will of La Verne Noyes, deceased, the Trustees of his estate are authorized after satisfying certain other provisions of the will, to expend the remainder of the income of the trust estate in paying to such universities or colleges as they may from time to time select, the tuition, in part or in full, of deserving students needing this assistance, to enable them to procure a university or college training. This is to be done without regard to differences of sex, race, religion, or political party, but only for those who shall be citizens of the United States of America and either

"*First*, shall themselves have served in the army or navy of the United States of America in the war into which our country entered on the sixth day of April, 1917, and were honorably discharged from such service, or

"*Second*, shall be descended by blood from someone who has served in the army or navy of the United States in said war, and who either is still in said service or whose said service in the army or navy was terminated by death or an honorable discharge.

"The purpose of La Verne Noyes in establishing these scholarships was to express his gratitude to, and in a slight degree to reward, those who ventured the supreme sacrifice of life for this country and for mankind in this war for the liberty of the world, and also to aid in keeping alive, for generations to come, the spirit of unselfish patriotic devotion which these men displayed and without which no free government can long endure."

Inquiries concerning these scholarships should be addressed to the Trustees, Estate of La Verne Noyes, 2500 Roosevelt Road, Chicago, Illinois.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps

NAVY NURSE CORPS

Transfers: To Canacao, P. I., Hazel V. Braddick, Flora A. Gee; to Chelsea, Mass., Jutta J. Anderson, Alice G. Boyd, Florence

S. Qualman; to Guam, Helen O'Brien, Marie Weaver; to League Island, Pa., Elizabeth G. Mullen; to Mare Island, Calif., Christine J. Bourgeois, Mary Brooks, Chief Nurse (temporary duty), Helen M. Bunty (temporary duty), Ruth Dawson (temporary duty), Norah Kelleher (temporary duty), Mary P. Young; to New York, N. Y., Faith Battey; to Naval Aircraft Dispensary, Philadelphia, Pa., De Lyla G. Thorne, Chief Nurse; to Portsmouth, N. H., Mary Huber, Williamina M. Laurenson; to San Diego, Calif., Ruth E. Anthony, Mathilda E. Hume, Marie I. Luckins; to Hospital Corps Training School, San Francisco, Calif., Hannah M. Workman, Chief Nurse, U. S. N.; to U. S. S. Chaumont, Sarah Almond, Chief Nurse (temporary duty); to U. S. S. Mercy, Gladys M. Jackson, Flora A. Murphy; to Washington, D. C., Grace A. Bidgood, Pauline L. Spann.

Honorable Discharges: Alice Henderson, Chief Nurse, Loretta V. Connor.

Resignations: Evelyn J. Earle, Sallie L. Hardister, Dunse B. Kinsell, Edith E. McCabe, Honor H. Terman.

Inactive Status: Mary B. Millinson.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

New Assignments: Florence Carey to U. S. Marine Hospital, No. 3, Buffalo, N. Y.; Farol M. Cornelison to No. 11, Louisville, Ky; Sallye Applewhite to No. 13, Mobile, Ala.; Helena Kilchino and Julia Turner to No. 21, Stapleton, N. Y.; Florence Young and Erma Duchez to No. 43, Ellis Island, N. Y.

Transfers: Mary D. O'Connell to U. S. Marine Hospital, No. 43, Ellis Island, N. Y.; Georgiana Selby to No. 13, Mobile, Alabama; Wilhelmina Hicks to No. 18, St. Louis, Mo.; May Bennett to No. 19, San Francisco, Calif.; S. Gertrude Simpson to No. 70, Hudson Street, New York City; Callista Goss to No. 21, Stapleton, N. Y.; Rosalie Manwiller to No. 82, Norfolk, Virginia.

Reinstatements: Freda Still, U. S. Marine Hospital, No. 6, Cleveland, Ohio; Lois Blazer, No. 17, Port Townsend, Wash.; Jessie Guzman, No. 13, Mobile, Alabama.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

UNITED STATES VETERANS' BUREAU NURSE CORPS

During the month U. S. Veterans' Hospital, No. 45, Biltmore, North Carolina, was closed. The nurses on duty at this hospital were transferred to other hospitals in the service. U. S. Veterans' Hospital, No. 36, Parker Hill, Boston, Massachusetts, was also closed.

Transfers: Florence Apple to No. 62, Augusta, Ga.; Alda M. Mansur to No. 26, Greenville, S. C.; Zella Bradford to No. 27, Alexandria, La.; Emily L. Power to No. 48, Atlanta, Ga.; Matilda McDonald to No. 42, Perrysville, Md.; Ruth Y. Decotesu and Susan MacKenzie to No. 44, West Roxbury, Mass.; Marian E. Stevenson and Margaret Devany to No. 41, New Haven, Conn.; Anna M. Gross to No. 35, St. Louis, Mo.; Lucy Ashman and Edith L. Bonner to No. 69, Ft. Thomas, Mo.; Irene G. McLauchlin and Annie M. Killam to No. 79, Dawson Springs, Ky.; Lucy K. Corthell to No. 81, Bronx, N. Y.; Elizabeth H. Dwyer to No. 65, St. Paul, Minn.; Ina V. Boyer, Margaret Buckley, Gladys Gilliatt and Cora Miller to No. 60, Oteen, N. C.; Alice M. Burditt and Mabel Morse to No. 76, Maywood, Ill.; Edith L. Muir and Margaret M. Cody to No. 50, Whipple Barracks, Ariz.; Lucille Moorman to No. 37, Waukesha, Wis.; Lulu Hedrick to No. 42, Perrysville, Md.; Helen T. Duncombe to No. 53, Dwight, Ill.; Sadie Jenuys and Cynthia A. Chinn to No. 88, Memphis, Tenn.; Clara S. Arden, Katharine McGuire, Fletcher Copeland, Maggie J. Sweet, Lillian R. Varn, Lucy H. Huff, Margaret D. Barnes, Rosalind Jackson, Jessie S. Gunman, Clara A. Smithman, Alice V. Drury to No. 60, Oteen, N. C.; Ina M. Burney to No. 48, Atlanta, Ga.; Mrs. Sue E. Patten to No. 62, Augusta, Ga.; Veta J. Lawler and Ida Stenhoph to No. 49, Philadelphia; Katherine McDonald to No. 50, Whipple Barracks, Ariz.; Eva Gray to No. 69, Ft. Thomas; Jessie G. Killam to No. 79, Dawson Springs, Ky.; Carrie Kolarik to No. 80, Ft. Lyon, Colo.; Grace George and Katherine M. Flynn to Dist. No. 2, N. Y. N. P. Clinic; Marion B. Carter to No. 1, Boston.

Reinstatements: Edna May Dunnam, Leona L. Phelps, Selma Jacobson, Ottilie J. Alarid, Martha Harmon, Lucy Harmon, Edna M. Hottinger, Ida A. Poulson, Rhoda Halbert, Alice German, Bertha G. Bennet.

Plans are completed for the course in psychiatric nursing to be conducted at St. Elizabeth's Hospital, Washington, D. C., by the U. S. Veterans' Bureau. This course will be open to a limited number of nurses not in the U. S. Veterans' Bureau Nursing Service. These nurses must qualify according to the same standards maintained by the Nursing Service of the U. S. Veterans' Bureau: namely, citizens of the United States, graduates of accredited schools for nurses, registered nurses and have had at least three years experience in nursing before being accepted. It is believed that the giving of this course to a limited number of nurses not in the U. S. Veterans' Bureau Nursing Service will enable it in a measure to overcome the present shortage of nurses trained in psychiatric nursing. The first course begins January 15, 1923 and is of six weeks duration. The second course begins February 26, 1923 and is also of six weeks duration. Applicants selected to take this course in psychiatric nursing and who meet the requirements of the U. S. Civil Service Commission and the U. S. Veterans' Bureau Nursing Service are given an appointment in the service at an entrance salary of $1680 per annum with the understanding that they will give at least two years professional service to the U. S. Veterans' Bureau Nursing Service.

MARY A. HICKEY,
Superintendent of Nurses,
U. S. Veterans' Bureau.

Colorado:—THE STATE ASSOCIATION will hold its annual meeting in Denver, on February 8.

Connecticut: New Haven.—THE ALUMNAE ASSOCIATION OF THE SCHOOL OF PUBLIC HEALTH NURSING held its sixth annual meeting on January 3. It was a very stormy night, but seventeen members attended, a social time was enjoyed, and messages from the absent members were read. Two of our honorary members, Miss Hills, Superintendent of the Visiting Nurse Association, and Miss Gilbert, Supervisor of the Child Welfare work, were present and gave addresses. The regular annual meeting followed and the election of officers: President, Etta Harris; vice-president, Mrs. William Collins; secretary, Charlotte Harrington; treasurer, Ina Buell; counselor, Helen Bruger. THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on January 4 with a large attendance. Yearly reports were read, revision of by-laws discussed, and officers elected as follows: President, Abbie Gilbert, unanimously re-elected; secretary, Miss Gregory; treasurer, Mrs. Conklin. The fair given in December to aid the Infirmary Fund brought $600. A speaker of prominence has been secured for each monthly meeting during 1922, and this year has begun with the State Child Welfare commissioner, Charles E. Dow, who gave an optimistic talk. Much interest is being shown in the semi-centennial of the training school to be celebrated this spring. A social hour followed with the Senior students as guests Bridgeport.—THE ANNUAL MEETING OF THE BRIDGEPORT HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION was held January 9, at the Nurses' Home, Mill Hill Avenue, the new officers presiding. Annual reports were read, showing that the association had increased in membership by thirty-four. A cedar chest has been procured, which is to be filled with linen, donated by the members. The members are planning with great enthusiasm, for a busy and profitable year.

District of Columbia: THE LEAGUE OF NURSING EDUCATION held its December meeting at the Nurses' Club. The feature of chief interest of the meeting was an address on Administration given by Miss Lindsley of The Grace Dodge Hotel, who portrayed very vividly the various departments of an institution, their relationship to each other and the policies governing each. There was a report from the Instructors' Section which had just been formed to meet each month at one of the hospitals to give demonstrations for the benefit of the instructors and the advanced students, in the line of work for which that particular hospital is best suited.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting at the Dempsy Hotel, Macon, November 23-24, with 101 nurses present. The meeting was opened by the president, Jane Van De Vrede. The first meeting was that of the Advisory Council. The general session was called to order at 10:30. After the invocation

and the addresses of welcome the meeting went into business session, which consisted of reports of the various committees and the officers and the appointing of committees necessary to the success of the meeting. At one o'clock the meeting adjourned. The nurses were then given an automobile ride to Idle Hour Country Club, where a barbecue was enjoyed, compliments of the Bibb County Medical Association. At 3 p. m. the afternoon session was called to order and was opened by the reading of the President's address. Miss Van De Vrede spoke of the great value of our state meetings and stated that they should be milestones of professional progress; she spoke of the contributions made by nurses to industry, to fraternity, to child welfare, to infant welfare, to private duty in the home, to the school, and to the public in general; she spoke of the national organizations and the definite place they hold in the great activities of the country, and emphasized the need for education of the nurse and the necessity of endowments to training schools in order to make it possible to give her a better training. Jean Harrell, delegate to the convention in Seattle, gave a very interesting report of that meeting which was supplemented by the president, who told of the encouragement received by the attendance of so many young nurses. During the business session the following subjects of general interest were discussed: time to be given the various states for the reorganization of their alumnae associations; subscriptions to the *American Journal of Nursing;* Jean Harrell and Ruby Falls were appointed to represent the Georgia State Association for the *Journal* and to receive subscriptions. The evening meeting was made very interesting by an address of welcome by Nellie Edwards, president of the Business and Professional Women's Club, and by the following papers: Oral Hygiene, Katherine Gilbert, Macon; Relation of a Public Health Course to the College Curriculum, Abbie Roberts, Professor Public Health Nursing, Peabody College, Nashville, Tenn. Friday's session was opened with community singing. During the day the following papers were read and discussed: The Nurse and Orthopedics, Hortense Marion, Atlanta; Radium, Dr. Charles Harrold, Macon. Dr. Harold emphasized the necessity of great care in the handling of radium so as not to lose it. He stated that radium applied to the uterus for cancer was perhaps of the greatest value; that in removing radium great care should be exercised in seeing that all materials removed be recorded,—as one needle, two needles, packing, etc; that one should not consider radium a cure-all, as its value is still a mooted question. He explained the method of applying radium, and that one should be careful, as the continued contact will injure the tissues; that no nurse or doctor should work in laboratory longer than three months at a time, as the rambling rays of radium are injurious to those around it. Other papers were: The Nurses and the Ex-Soldier, Katherine Devine, Chief Nurse, Veterans' Bureau, Fifth District; Child Hygiene, Dr. Dorothy Bocker, State Division of Child Hygiene, Department of Health, Atlanta; Problems Confronting Schools of Nursing, Mrs. Eva S. Tupman, Educational Director, Macon City Hospital; The Educational Contribution of the Public Health Nurses to the Home, Elizabeth Robson, Southern Division of the American Red Cross. The various sections,—Educational, Private Duty, and Public Health, held their meetings and reorganized for the coming year. The following officers were elected,—Educational Section, Chairman, Mrs. Eva S. Tupman; secretary, Jean Harrell; Private Duty Section, Chairman, Ruth Taylor; secretary, Margaret Dorn; Public Health Section, Chairman, Cleo McLaughlin; secretary, Miss Hazelhurst. The following officers were elected, and the meeting adjourned to meet in Atlanta, 1923. President, Mrs. Mae Jones, State Sanitarium, Milledgeville; vice-presidents, Hortense Marion and Jean Harrell, Atlanta; secretary, Chloe M. Jackson, 602 Chamber of Commerce, Atlanta (Miss Jackson is serving her fourth year as secretary); treasurer, Ruby Falls, 601 North Highland Avenue, Atlanta. The Association closed one of its most successful meetings with a dinner, compliments of the Macon City Hospital, and a dance at the Macon Hospital Nurses' Home. Augusta.—The Second District held its annual meeting at the Wilhenford Nurses' Home, October 11. The meeting was well attended. There are

65 paid up members. The Registry Committee gave a splendid report; it is now an A-1 Registry. The delegate to the State Convention read a good paper at the December meeting. The Wilmington Hospital Alumnae Association met at the Nurses' Home on December 15 and reorganized. Resolution made to adopt the by-laws of the American Nurses' Association. The Association being so small, it was decided to meet once a quarter unless important business, then the president may have a meeting called, two members to form a quorum. Officers for coming year: President, Vivian Kay; secretary-treasurer, Bertha Holderle; directors, Kathryn Armstrong, Sarah Donnelly; Caroline Anderson is chairman of the Programme Committee.

Illinois: The Illinois State Association has published an interesting pamphlet giving a picture of its president, Miss Dunlap, sketches of all the officers, some of the papers read at the state meeting, news items, and a directory of State committees and of District officers. Peoria.—Miss Sieberns has been appointed superintendent of the Methodist Hospital, succeeding S. Augusta Hyde, who has gone to the Wise Memorial Hospital, Omaha. Decatur.—Mary S. Scott of St. Louis has become superintendent of the Decatur and Macon County Hospital, succeeding Clara M. Swank. Chicago.—Lillian S. Conlin (class of 1920, St. Anne's Hospital) has entered the Convent of the Visitation at Dubuque, Iowa. St. Anne's Alumnae reports both the recent Bazaar and the dancing party of December a huge success. The Illinois Training School Alumnae at their October meeting heard a report by Dr. Bernard Fantus on Certain Phases of Therapeutic Progress. At the November meeting, Jane A. Neil spoke of the work done for Orthopedic Children at the Spalding School. Amanda K. Buck has been appointed superintendent of the Denver and Rio Grande Hospital at Salida, Colo.

A Correction.—Sallie C. Hawkins of Manila, P. I., asks us to correct a statement which appeared in the November *Journal* to the effect that she was opening a public health course which would be affiliated with the University. Miss Hawkins has nothing to do with the course but was present at the opening day and congratulated Miss Fitzgerald of the Rockefeller Foundation and Miss Giron, Superintendent of Nurses of the Philippine General Hospital, on their splendid organization and large class. The *Journal* again asks its contributors to be exceedingly careful as to the accuracy of material sent in, whether written, or printed in alumnae reports.

Indiana: Fort Wayne.—The Indiana State League of Nursing Education met with Anna M. Heltman, Superintendent Lutheran Hospital, on December 13. An interesting programme was prepared. Dr. Buchner, resident physician of the Irene Byron Tuberculosis Sanitarium, gave a talk on The Value of a Tuberculosis Training for Student Nurses. Miss McCready of the Marion National Sanitarium, spoke of the work there in Psychotherapy. Mary E. Gladwin, State Educational Director, gave a report of her work, and several student nurses of the Lutheran Hospital Training School, under the supervision of Pauline Bischoff, instructor, gave demonstrations in practical nursing procedure. A delightful luncheon was served by student nurses in uniform. The Lutheran Hospital Training School for Nurses and St. Joseph Hospital School for Nurses, have been affiliated with Irene Byron Tuberculosis Sanitarium for over a year, Senior nurses getting two months' training. The Lutheran Hospital Alumnae Association gave a Christmas party at the Nurses' Home on December 14. Senior nurses from the School being guests. Santa Claus was present and distributed the gifts.

Iowa: The Seventh District held its monthly meeting on December 4 at a dinner at Younkers Tea Room. A splendid address was given by Judge H. Utterback. A Christmas party was given the members on December 20 by Mrs. Dr. Shaw and Mrs. Olsen. A course of lectures on Public Health Nursing is being given the students of the Lutheran Hospital. Edith Countryman is the new northern Health Crusade director.

Louisiana: The Louisiana State Nurses' Association will hold its annual meeting in Shreveport the last week in February. The Louisiana Nurses' Board of Examiners held its semi-annual examination in New Orleans and Shreveport, December 18 and 19. Fifty-

four applicants qualified as registered nurses.

Massachusetts: The Massachusetts State Nurses' Association will hold its mid-winter meeting, February 17, in the Lecture Room of the Boston Public Library, Boston. The principal speakers will be: Mary M. Roberts of the *American Journal of Nursing*, Mary Beard, and Sophie C. Nelson, recently returned from Europe, Lucetta J. Gross, Mrs. Charles Briggs. The Alumnae Association of the Massachusetts Homeopathic Hospital, at the December meeting, received the resignation of its president, Mrs. Thomas. Jean Baird has accepted a position at the Nantucket Hospital. Fall River.—The Truesdale Hospital Alumnae Association elected officers at the annual meeting as follows: President, Demaris Weedon; vice-president, Jane H. Kasmire; secretary, J. M. Burpee; treasurer, Margaret Christie. The proceeds of the bazaar held on December 8 amounted to over $450. Pittsfield.—The House of Mercy Hospital Alumnae Association held its quarterly meeting on December 6, at the Alumnae House. Allan H. Bogg gave a steroptican lecture on the Grand Canyon and some of the national parks. The officers of the association are: President, Edith M. Safford; secretary, Annie M. Fess; treasurer, Mary F. Kohl.

Michigan: The State League of Nursing Education held its annual meeting January 3 and 4 in Battle Creek, Michigan. The League enjoyed a delightful meeting as the guests of the Battle Creek Sanitarium. Mrs. Mary S. Foy, Superintendent of Nurses, and her assistants were untiring in their efforts to afford all the members present every possible courtesy and comfort. The officers for the coming year are: President, Maud McClaskie, Detroit; vice president, Mrs. Mary S. Foy, Battle Creek, Michigan; secretary, Helen M. Pollock, Flint; treasurer, Annie Coleman, Lansing; credentials committee, Grace E. Meyers, Owosso; public education committee, Mrs. Louis E. Feist, Detroit. The Board of Directors of The Michigan State Nurses' Association met in Battle Creek January 3 and 4. An important item of interest was the decision to hold the annual meeting of the Association at St. Joseph May 23, 24, 25. Plans are going forward in preparation for the biennial conventions of 1924. Detroit.—The First District of the Michigan State Nurses' Association held its annual meeting at the Wayne county medical building January 12. The following officers were elected for the coming year: President, Lulu B. Durkee; vice-presidents, Theresa Martin, Mary E. Potts; secretary, Lois Barrington; treasurer, Martha Aylesworth. Emily Sargeant is chairman Public Health Section Mrs. Marian B. Paddock, chairman Private Duty Section. Directors: Mrs. L. E. Gretter, Katherine Maynes. The Local League of Nursing Education of Detroit held its first annual meeting January 11 at McLaughlin Hall, Harper Hospital, and the following members were elected to office: President, Margaret Rogers; vice president, Emily A. McLaughlin; secretary, Clara Hollings; treasurer, Adah Sweet; credentials, Kate Wallace. The programme for the next regular meeting will be devoted to the discussion of The Separate School of Nursing. The work of the organization so far has concerned efforts at a standardization of curriccula of Detroit Training Schools. Officers of the Farrand Training School Alumnae Association for 1923 elected at the annual meeting held January 9 are: President, Milabelle Fraser; vice presidents, Anna Bettys, Lois Cone; recording secretary, Abbie Bayne; corresponding secretary, Ethel Henry; treasurer, Theresa Curley; chairman program committee, Eileen O'Neill; chairman educational committee, Helen North; chairman Lystra E. Gretter Scholarship Committee, Lulu B. Durkee; chairman nurses' relief fund, Jean Henry. The Alumnae Associations of First District are showing the usual winter activity. The Woman's Hospital Alumnae Association held a candy sale December 21, the proceeds being used to buy gifts for destitute and deserving families, working through the Hospital Clinic. The student nurses are coöperating with the Alumnae in contributing toward hospital work in Russia. A campaign will be started in January for the Nurses' Relief Fund. The Grace Hospital Alumnae gave a dance and card party December 12 to add to their Chinese Scholarship Fund. A Chinese student in training assisted with the musical programme. At the regular District meeting, December 1, the Private Duty

Section provided a rare treat in the form of a concert by the Ganapol School of Musical Art. The District has assumed the responsibility of the supervision of the practical nurses of the Detroit Home Nursing Association which was organized in December, 1913 by Agnes D. Carson, R.N. A meeting of the FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION of Harper Hospital was held December 12 at McLaughlin Hall. Items of interest discussed were the Nurses' Relief Fund and the Lystra E. Gretter Scholarship Fund.

Minnesota: THE DIVISION OF CHILD HYGIENE OF THE STATE BOARD OF HEALTH is introducing a sterile emergency obstetrical package especially for rural communities. It contains the essentials for use at a delivery, at a cost of $2. A nurse from the Division will be sent to demonstrate the package or to instruct groups interested in making them. **Duluth.**—SECOND DISTRICT—An unusually profitable and pleasant meeting of the Second District was held in the recreation hall, nurses' home, St. Mary's Hospital, with the senior students as guests. A district public health section has been organized. Sister Margaret, Superintendent of Nurses, St. Mary's Hospital, has been granted a leave of absence for a much needed vacation. Sister Stella is acting superintendent during her absence. **St. Paul.**—FOURTH DISTRICT—MOUNDS PARK HOSPITAL ALUMNAE ASSOCIATION met January 2 and elected officers for the coming year. The by-laws were amended so that the annual dues are now six dollars. **Rochester.**—SIXTH DISTRICT—The 1921 and 1922 classes of the Kahler Hospital School of Nursing, headed by Bertha Johnson, Superintendent of Nurses, have started off in the right direction. At a joint meeting held in September, 1922, the Alumnae Association of the Kahler Hospital School of Nursing was organized and the Constitution and By-Laws have been accepted by the Sixth District. At the present time the membership numbers seventeen—all resident—but many others, not resident in the district, have signified their intention of joining.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination for license as registered nurse March 7 and 8. Applications may be obtained from Harriet L. P. Friend, Secretary and Educational Director, 620 Chemical Building, St. Louis, Missouri. The annual meeting of the board was held December 13. Officers were elected as follows: President, Mary G. Burman, Kansas City; vice president, Mrs. Mary E. S. Morrow, Jefferson City; treasurer, Mrs. Louise K. Ament, St. Louis. Helen Farnsworth of Junior College, Kansas City, was appointed to succeed Helen Wood, whose term had expired December, 1921. **St. Louis.**—The bazaar held by the Washington University Alumnae and nurses of the Training School on November 23 was a success financially, and the social side was also enjoyed. The proceeds were added to the fund for the endowed room to be used by sick alumnae. About $2900 has been raised towards this fund. Cora Nifert, graduate of Minneapolis City Hospital, Minneapolis, has been appointed Superintendent of Nurses at Koch Hospital, the municipal Tuberculosis Hospital of St. Louis. Miss Nifert was previously Superintendent of Nurses at the Woodmen's Hospital, Colorado Springs. Grace L. Anderson, who has been Superintendent of Municipal Visiting Nurses for five years, has resigned to accept the position of Director of a nursing and health project in New York City, an amalgamation of the New York Health Department, Henry Street Settlement, The Association for Improving the Condition of the Poor, and the Rockefeller Foundation. The nurses in St. Louis and the state regret the departure of Miss Anderson, as her contributions to all nursing projects have been very valuable. They await with interest the results of this study to be made in New York City. Edith M. Baker of Boston succeeds Agnes G. Deans, as head worker in the Social Service Department of Washington University.

New Hampshire: Concord.—NEW HAMPSHIRE STATE HOSPITAL TRAINING SCHOOL graduation exercises for the class of 1922 were held December 6. The hospital was honored in having as its guest, His Excellency, the Governor and his entire council. Prof. William H. Burnham of Clark University was the speaker. Mrs. Dwight Hall, secretary of the Board of Trustees presented diplomas to the four graduates. The nurses had as their guest Helen C. Sinclair, their former directress of nursing, who now holds a similar position at McLean, Waverly, Mass. An informal reception was

held at the close of the exercises. THE MEMORIAL HOSPITAL FOR WOMEN AND CHILDREN held simple but impressive exercises in connection with the laying of the corner stone of the new maternity addition on December 11. Dr. Ellen A. Wallace, president of the Board of Trustees gave a brief outline of the work of the hospital from its founding up to the present time. **Nashua.**—THE NASHUA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the Hospital December 5. The following officers were elected: President, Marion Cogswell; vice presidents, Ellen Record, Ada Rigney; treasurer, Mildred Blanchard; secretary, Ellen Dawson. **Woodsville.**—The Cottage Hospital received $5,000 by the will of the late J. E. Henry of Lincoln, N. H.

New Jersey: East Orange.—The first issue of "Public Health Nursing Topics" was issued in January. This is a very attractive little pamphlet which has for its mission "to bring New Jersey public health nurses and their work in closer touch with the public and each other, that both may have a better understanding, a wider vision and a deeper knowledge of the problems involved in the great progressive movement now extending so rapidly and widely." THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a meeting at the State House, Trenton, on January 20. At a get-together luncheon, Mrs. Charles S. Maddock spoke on "Historic Trenton." Afternoon session, address by Sara B. Askew of the New Jersey Public Library, on "Libraries and Health Work." "The Efficiency of Follow-up Work in a Health Program" by Roy L. Shaffer. Harriet Wieand, of the Trenton Board of Education, Practical Studies in Nutrition in School Children. An exhibit of record forms and photographs of public health nurses' work. The morning session included business and a talk by Frances E. Brink, Field Secretary of N.O.P.H.N. on "Branch Organization."

New York: Buffalo.—NURSES OF THE BUFFALO HOMEOPATHIC HOSPITAL gave a card party on December 8, the proceeds to be used for new educational equipment. The alumnae are aiding in the work. **Rochester.**—THE SEPTEMBER SECTION OF THE CLASS OF 1925 of the Rochester General Hospital celebrated "Going-up Day" on the morning of January 10 by interesting exercises held in the Nurses' Home, conducted by the president of the class and participated in by many of its members with great credit. **Watertown.**—DISTRICT 6 held its annual meeting at the Y. W. C. A. on the evening of January 10. Officers were elected as follows: President, G. Marion Potter, Ogdensburg; vice president, Greta V. Hunter, Watertown; second vice president, Lina Lightbourne; secretary, Elizabeth Marshall; treasurer, Mary McCormick; directors, Vera Shorey, Mabel Hibbard. Following the business meeting, Frances Buckley told of her work with the Near East Relief. THE PUBLIC HEALTH NURSES AND HEALTH WORKERS of St. Lawrence, Lewis and Jefferson Counties met at the Y. W. C. A. on the afternoon of January 10. Papers were read by Jessie Cole on Nutrition; by Dr. Sayre on Schick Test, and by Dr. Thornhill on his work in the pre-natal clinic. Miss O'Mara led a discussion on school nursing and public health problems. **Syracuse.**—DISTRICT 4 held its annual meeting at St. Joseph's Hospital, January 11, when the following officers were elected: President, Louise Sherwood, Syracuse, vice presidents, Mrs. Cornell Smith, Syracuse, and Helen O'Hern, Auburn; secretary, Ida Finch, Auburn; treasurer, Nora Comerford, Syracuse. Annual reports were given and reports of delegates to the State convention. Five new individual members were admitted. A request was read from the Syracuse Clinic, asking that the District registry conduct a Doctor's Exchange. This matter was referred to the Syracuse Academy of Medicine for consideration. **New York.**—Mabelle S. Welch left the Eastern Council of Nursing Education, of which she has been the able Executive Secretary, on January 1 and will be associated with Grace L. Anderson in developing the East Harlem Nursing and Health Demonstration. THE NEW YORK POST GRADUATE NURSES' ALUMNAE, at the annual meeting, January 2, elected the following officers: President, Jean U. Strathie; secretary, Mrs. Sarah Eising Aikle; treasurer, Mildred A. Lamb. Jane Van Zandt, who is instructor in the training school of the Protestant Hospital, Beirut, Syria, is at home on a six months' leave of absence. THE

New York Counties' Association met at the Central Club, December 5. Agnes D. Ward spoke on The Human Side of City Work. Mount Sinai Alumnae were hostesses. Edith A. Cooke, class of 1918, St. Luke's Hospital, is a school nurse in Edgewater, N. J. Helen N. DeHaven, class of 1922, is public health nurse at Red Bank, N. J. The Lenox Hill Alumnae Association at the October meeting heard the delegate's report of the convention in Seattle. At the November meeting the report of the delegate to the state meeting was given. At the December meeting, Mrs. Munder spoke on The Woman's Party and its aim. The Training School held its 36th commencement in Krakowizer Hall on November 23 for a class of twenty-one, the principal address being given by Otto Von Schrenk. An excellent address was also given by Dr. A. S. Blumgarten. The valedictory was given by Edith W. Gregory, who also won the Achelis Scholarship. The Miller prize was awarded to Clarice Bolick. Each graduate received from Dr. Blumgarten a subscription to the *American Journal of Nursing*. Edith Gregory has been appointed assistant supervisor and instructor in the Community Hospital, Brooklyn.—At the recent "Million Dollar Drive" for the new maternity pavilion of the Methodist Episcopal Hospital, $16,800 was raised by the Nurses' Alumnae Association. Of this amount, $920 was raised by a dance and card party held at the Hotel St. George, November 16.

North Carolina: Winston-Salem.—The Graduate Nurses of the City have presented subscriptions to the *American Journal of Nursing* to the pupil nurses of the Lawrence Hospital and the City Hospital. Charlotte.—Mercy Hospital is completing a nurses' home, a beautiful, three-story, fireproof building, where the residents will find every comfort and convenience.

Ohio: A joint committee from the Ohio State Medical Association and the Ohio State Association of Graduate Nurses is making a study of nursing problems with a view to coöperation. The forthcoming report will be of great interest. The members of the Committee are: Chairman, Dr. John Phillips, President Cleveland Academy of Medicine, Dr. Charles Hamilton, President Columbus Academy of Medicine, Dr. J. P. Baker, Findlay, Grace E. Allison, President Ohio State Association, Laura Logan, Director School of Nursing and Health, University of Cincinnati, Carolyn E. Gray, Director Department of Nursing, Western Reserve University, Caroline McKee, Chief Examiner, Nurses' Examining Committee, Anne McLaughlin, Ashland. During this past year District No. 4, at its monthly meetings has had most interesting speakers on varied subjects. The talk for December was given by Prof. Minerock of the Western Reserve University Law School. On December 18 the Section on Nursing Education was addressed by Dr. John Phillips on "Trend of Nursing Education from the Physician's Viewpoint." Many helpful points were brought out, and a discussion following the talk was of interest to all. The Campaign for the Endowment Fund of the Lakeside School of Nursing was started among its Alumnae members at their December meeting. They set their individual quota at $200 and started their campaign by pledges amounting to $900. All are now planning how to raise their quota. The Guild of St. Barnabas for Nurses, on December 6, held a Christmas Bazaar at the Cleveland Nursing Center. The proceeds are to be used in maintaining the Guild work in Cleveland, and for the support of its welfare nurse, Miss Hicks, in Ponce, Porto Rico. The different hospitals had individual tables. The results exceeded expectations, the sum of $1400 being realized. The Alumnae Association of the St. Luke's School of Nursing have been holding a series of "evenings" at the homes of their married members. These have been much enjoyed. A very clever minstrel show was staged in December by the Senior class of the St. John's School of Nursing. A dance followed with music by the "Shadowland Jazz Band" and an especially good time was had. Cleveland hospitals had an unusually festive Christmas of parties, dinner dances and entertainments throughout the Christmas week, and carrying into the New Year. Cincinnati.—District No. 8 met on December 18 at Straus Hall, Jewish Hospital. Winifred Culbertson was chosen as the nurse candidate of the Good Will election. A supper and entertainment were held at Legion Headquarters

December 20 and a card party at Mrs. Dowd's, Norwood, December 27 for the benefit of the candidate. The Jewish Hospital Alumnae were hostesses and had arranged a charming Christmas program. Mrs. Schuster-Martin and Students of the Schuster-Martin School gave appropriate readings and a playlet. The Boys' Choir of the Church of the Advent sang Christmas carols. Toledo.—St. Vincent's Alumnae Association held its annual meeting at the Nurses' Home on January 8. The following officers were elected: President, Olive Williams; vice presidents, Margaret Tobin and Marie Hope; recording secretary, Eva Adaline Fitz; corresponding secretary, Sadda Charbett; treasurer, Flora Jettinghoff; trustees, Ann Houck, Helen Younkers, Helen Gaffney.

Oklahoma: El Reno.—Lena A. Grisp, who has been Superintendent of Nurses of El Reno Sanitarium, has accepted the position as Superintendent of Nurses, Oklahoma Hospital, Tulsa. Enid.—Bess Ross, Superintendent of Nurses, Enid General Hospital, also a member of Oklahoma State Board of Nurses is taking a course in anesthesia at the Charity Hospital, New Orleans, La.

Oregon: Public health nurses did their share in the work of rehabilitation after the fire in Astoria on December 8, when 28 blocks in the heart of the city were destroyed. Among the workers were Elnora Thomsen, L. Grace Holmes, Ellen T. Walker and Helen S. Hartley. Miss Walker did valuable work in saving the records of the County Public Health Association, those of the American Red Cross and of social workers, from their offices in the I. O. O. F. Buildings which were destroyed. Portland.—The Portland Chapter of the American Red Cross, the State Board of Health, State Social Hygiene Society, Oregon Tuberculosis Association, and the Portland Visiting Nurse Association are all nicely domiciled in their new offices in the Fitzpatrick Building, 408 Oak Street. Anne Jacobs, (class of 1921, Milwaukee Hospital, Milwaukee, Wis.), has been appointed superintendent of nurses of the Sellwood General Hospital, succeeding V. Catherine Polly.

Pennsylvania: Philadelphia.—The Protestant Episcopal Hospital Alumnae Association held its annual meeting January 3 in the Nurses' Home (a stormy day) 30 members present. Officers elected were: President: Mrs. Adelaide Wright Pfromm; vice presidents, Laura E. Evans and Eva Lamon; secretary, Edna J. Lewis; treasurer, Amelia S. Diller. It was decided not to increase the dues to meet various requests for "Funds," but to raise money in other ways. A "card and dance" were given January 17, in a building on the hospital grounds. Miss Dunlop, State President, gave an informing talk on Increased Dues and the Legislative Question. The Graduate and Student Nurses of the Women's Homeopathic Hospital held on December 14, a bazaar in the Nurses' Home. The proceeds of $500 are applied to a Nurses' Loan Fund for educational purposes. It is hoped that this amount may be raised to $2000 before long. The Nurses' Alumnae Association of the Samaritan Hospital had, in November a very interesting meeting. Dr. Clara Leach of Swatow, China, was the speaker of the evening. Thirty-five members were present and twenty-eight pupil nurses. At the December meeting, the report of the State Convention held at Wilkes-Barre was read by the secretary, Miss Rowe. A talented young elocutionist gave readings. The Program Committee is a live one and the members are looking forward to some very entertaining and interesting meetings. Pittsburgh.—The Nurses' Alumnae Association of the Allegheny Hospital held a regular meeting on January 8, at the Nurses' Home. The following officers were installed to serve for the ensuing year: President, Emma Schneideman; vice president, Adda J. McLaughlin; treasurer, Jamie R. Gibson; recording secretary, Mrs. Gertrude McCullough Parker; corresponding secretary, Alice M. Cope; director, Mrs. Isabel Chayter Flynn. The Treasurer reported $10,000 as the net proceeds of the Bazaar held by the Association, at the Hospital, November 16 and 17; this sum to be added to the fund for the maintenance of the endowed room, at the Hospital, for its sick members. Plans for entertaining the 1923 graduating class during commencement week were turned over to the Arrangement Committee. The publication of an Annual Bulletin was favorably voted upon. Ways and means for collecting

the funds for Legislative purposes and the furnishing of a room in the Congress of Women's Club, proposed by the Sixth District Association, was placed in the hands of a Committee. It was resolved to exempt from payment of annual dues all members serving in the missionary field, during their term of service. Lancaster.—The Alumnae Association of the Lancaster General Hospital has elected the following officers for 1923: President, Bertha Hoffman; vice president, Dorothy Chaddell; secretary, Ida Drum; treasurer, Vesta Miller. Committees are: Flowers, Lillian Bishop and Stella Shopf; Publicity, Elizabeth Johns. In November, the association held a bazaar and dance to increase the funds in the treasury, which was a financial success. Scranton.—The Hahnemann Hospital Alumnae Association held its annual meeting, January 2, and elected officers as follows: President, Lydia Barber; vice president, Selma Barth; secretary, Nellie McCabe; treasurer, Irene Sarplice. A social hour followed. Braddock.—The Braddock General Hospital Nurses' Alumnae held its annual meeting on January 11 at the hospital. Election of officers for the ensuing year resulted as follows: President, Amy Linnemayer; vice president, Alice Krueger; secretary, Mrs. Mary Turner; treasurer, Lucy Spraggow. The treasurer reported the proceeds from the bazaar held in Masonic Temple, December 9, to be $595, which was voted placed at interest as a sinking fund for the purpose of endowing a room in the near future.

Rhode Island: Providence.—The Rhode Island League of Nursing Education, assisted by student nurses from five hospitals, gave a demonstration at the Plantations Club on December 14, to an audience composed of girls in the graduating classes of the high schools in Providence, Pawtuchet and Central Falls. The programme consisted of the following numbers: 1. Address, Florence M. Johnson, New York. 2. Screen picture, Following in the Footsteps of Florence Nightingale. 3. Pantomime, (Key-note, Tree Happiness). The present: A group of nurses just graduated, gather to talk over the course completed. The Past: First group, Probationers in uniform; second, Capped students; third, Tennis group (illustrating recreation); fourth, Gym group (illustrating health); fifth, Hallowe'en group (illustrating amusement). The Future: First couple, Red Cross Nurses; second couple, Public Health Nurses; third couple, Board of Health Nurses; fourth couple, Rural Nurses of the A. R. C.; fifth couple, Navy Nurses; sixth couple, Army Nurses. 4. Christmas Past, Present, Future in the wards and corridors of the hospitals, illustrated by carol singing in which the audience was asked to join.

Texas: A. Louise Dietrich, Secretary of the Graduate Nurses' Association of Texas, has just completed a 3800 mile trip through the state in the interest of nursing matters and the bill which it is hoped will be passed by the next legislature. The subjects of increasing the subscription to the *Journal*, the Nurses' Relief Fund, the Dolano Fund and some of the important things of the national convention were presented to the graduate nurses in every district association in the state. Splendid meetings were held in Houston, Galveston, Beaumont, Austin, San Antonio, Temple, Ft. Worth, Dallas, Wichita Falls, Paris, Amarillo, Waco and El Paso. Eight out of eleven districts had delegates at the Convention of the League of Women Voters in Houston and the President of District No. 9 gave one of the addresses of welcome to the visitors. The Secretary of the Graduate Nurses' Association acted as secretary of the State League during the convention. The entire State Association through its Districts is affiliated with the league as auxiliary members. The League as well as the State Federation of Women's Clubs endorsed the nurses' bill. At Waco, Miss Dietrich attended the convention of the Congress of Mothers and Parent-teachers' Association as a delegate and District officer of the sixth district of parent-teachers association. This convention gave up an entire morning to the subject of health and also endorsed the nurses' bill. During her trip through the state Miss Dietrich not only spoke to the graduate nurses but to the student nurses in all the schools of nursing in the cities visited. It is hoped to hear more from these talks in the form of gifts to the Dolano Fund which seemed to appeal to them very much. The nurses' bill

was also presented to the Business Women's club luncheons, receptions to which representatives from every women's and men's club and churches were invited, groups of physicians, banquets at which the representatives from that district to the state legislature, were guests of honor. A great number of the new legislators of which there are a hundred, were interviewed, and it was most gratifying to learn that so many are for a higher standard for professional nursing. Booklets containing the main points in the old law and those in the new have been mailed to every legislator so that he may have a good idea of what it contains before it comes up for a vote. In this way it is hoped to have it disposed of early in the session. **Galveston.**—The Graduate Nurses' Association of District 6 held its annual meeting on December 12, and the following officers were elected: President, Katherine Kitchell; vice-presidents, Saphronia Ruderick and Marie Kallberg; secretary and treasurer, Jo. C. Easton; corresponding secretary, Ella E. Anderson; directors for two years, Emily Schroeder and Marqueretta Perkins.

Wisconsin: The First District held its regular meeting in Kenosha, January 2. Preceding the meeting, a luncheon was given to the Public Health Nurses at the Y. W. C. A., followed by a round table on Public Health Nursing conducted by Mrs. Mary P. Morgan and Miss Dunwiddie. At the business session seven new members were admitted. Mrs. Morgan gave a short address and Dr. Johnson, health commissioner of Racine, spoke to the members on public health problems. A social hour followed. It was a record meeting for attendance, there being 24 members present. The Fourth and Fifth District met at the Wisconsin Nurses' Club, December 12. The speaker of the evening was Edith Foster, a member of the Milwaukee County League for Women Voters, her topic being Problems of the Woman Voter. The Marquette School for Nurses Alumnae were hostesses. The Private Duty Section of the district held its regular meeting January 4. Helen W. Kelly, registrar of the Wisconsin Nurses' Club and Directory, spoke on the nurse's relation and duty to her registry. The Eleventh District met at Rhinelander, October 28, when a banquet was held followed by a meeting, at which several doctors, visiting and resident, were speakers. A report of the State meeting at Oshkosh was given. Members were present from Ashland, Superior and Rhinelander. **Janesville.**—Mercy Hospital Alumnae held a bazaar on December 2 at which the sum of $425 was realized. This money is to be used in furnishing a library and rest room in the nurses' home for the use of student and special nurses in the hospital. Lucile Earle, class of 1917, Mercy Hospital, has completed a course in anesthesia at Lakeside Hospital, Cleveland. **Marshfield.**—The Alumnae Association of St. Joseph's Hospital held its regular quarterly business meeting, December 5, after which a social time was enjoyed. The students of the training school gave a Christmas entertainment for the staff, graduates, Sisters, advisory board and their families. The programme consisted of musical numbers, readings, pantomimes and a Christmas playlet. Mary I. Boyes, Marinette, has been appointed maternity and infant health center nurse for Jackson, Clark, Marathon and Wood counties, with headquarters at Marshfield, under the provisions of the Sheppard-Towner law. **Eau Claire.**—Millie Jacobson, graduate of the Augustana Hospital, Chicago, has been appointed superintendent of the Luther Hospital.

BIRTHS

(Birth and Marriage notices should be very plainly written or copied on a typewriter. All should be dated and should come within four months of the date of sending.)

To Mrs. John O'Connell (Madeline Barwin, class of 1919, Bridgeport Hospital, Bridgeport, Conn.), a son, December 25.

To Mrs. Harry Fitzmaurice (Elizabeth Benedict, class of 1921, Good Samaritan Hospital, Portland, Ore.), a daughter, Nancy Jean, January 3.

To Mrs. Frederick D. Thomas, Jr. (Gertrude Burger, class of 1918, Lenox Hill Hospital, New York), a daughter, December 20.

To Mrs. Thomas Smith (Mildred Doneen, class of 1921, St. Joseph's Hospital, Chicago), a daughter, in December.

To Mrs. John Grandfield (Anne Donahue, class of 1917, Morton Hospital, Taunton, Mass.), a son, December 12.

To Mrs. Charles Quaker (Louise Evans, class of 1911, Connecticut Training School,

and 1917 of the School of Public Health Nursing, New Haven, Conn.), a daughter, Louise, December 28.

To Mrs. Heinz (Alma Fairbanks, Michael Reese Hospital, Chicago), a son, January 2.

To Mrs. Foster G. Warren (Elizabeth Gallagher, class of 1913, New Hampshire State Hospital), a daughter, December 18.

To Mrs. William Clawson (Edna Kingston, class of 1917, Samaritan Hospital, Philadelphia), a daughter, Rose Marie, November 28. Mrs. Clawson was an overseas nurse and was cited for bravery during a heavy bombardment.

To Mrs. Parichy (Margaret K. Kramer, class of 1918, St. Mary of Nazareth Hospital, Chicago), a daughter, in December.

To Mrs. David C. Everitt (Lily L. Lane, class of 1911, Protestant Episcopal Hospital in Philadelphia), a son, Allen Davis, October 20.

To Mrs. Arthur Ryan (Agnes Lee, class of 1918, Nashua Memorial Hospital, Nashua, N. H.), a son, December 8.

To Mrs. N. C. Pearson (Adline McCormick, Grand Ronde Hospital, Lagrande, Ore.), a daughter, December 4.

To Mrs. G. L. Kelley (Zola Musgrove, class of 1915, St. Louis Training School), a son, October 13.

To Mrs. M. C. Satter (Cornelia Nelson, class of 1921, Bismarck Hospital, Bismarck, N. D.), a daughter, Rosalie, November 29.

To Mrs. M. M. Stark (Lillian O'Rourke, class of 1919, St. Joseph's Mercy Hospital, Fort Dodge, Ia.), a son, December 13.

To Mrs. Arthur Jacobell (Myra Peterman, class of 1920, West Suburban Hospital, Oak Park, Ill.), a son, October 20.

To Mrs. Ruby Bunell Porter (class of 1914, Massachusetts Homeopathic Hospital), a son, December 5.

To Mrs. Otto Krohn (Wilma Sanders, class of 1916, Lenox Hill Hospital, New York), a son, October 22.

To Mrs. John Steinbel (Edna Schmidt, class of 1915, St. John's Hospital, Pittsburgh, Pa.), a son, December 12.

To Mrs. Harold Shaw (Mary Schreiber, class of 1917, Claremont General Hospital, Claremont, N. H.), a daughter, Margaret Lenore, December 14.

To Mrs. E. M. Myers (Catheryn Shiek, class of 1911, Montefiore Hospital, Pittsburgh, Pa.), a son, December 24.

To Mrs. E. L. Olsen (Lydia Thomas, class of 1915, Bismarck Hospital, Bismarck, N. D.), a son, Edgar Thomas, December 25.

To Mrs. Kenneth Edward Baird (Margaret Trumble, class of 1914, Montefiore Hospital, Pittsburgh, Pa.), a son, January 8.

To Mrs. Clifford Zimmerman (Louise Van Arsdel, class of 1918, Huntington County Hospital Training School, Huntington, Ind.), a son, Robert C., January 24.

To Mrs. Hudson (Bonita Whittaker, class of 1918, Washington University Training School, St. Louis, Mo.), a son, in November.

To Mrs. Ralph Simpson (Marion B. Williams, class of 1920, Massachusetts State Infirmary, Tewksbury, Mass.), a daughter, October 4.

To Mrs. Albert Dumas (Gladys Withington, class of 1920, Claremont General Hospital, Claremont, N. H.), a son, Richard Charles, December 19.

MARRIAGES

Mary L. Bear (class of 1921, Huntington County Hospital, Huntington, Ind.), to Clarence M. Horton, M.D., October 14. At home, Andover, Ind.

Hilma Bergesen (class of 1918, West Side Hospital, Chicago, Ill.), to D. Braden, M.D., November 5. At home, Chicago.

Mabel Blake (class of 1919, Riverside Hospital, Jacksonville, Fla.), to Robert M. Wetherell, November 5. At home, Tampa, Fla.

Ethel Bliss (class of 1919, Hahnemann Hospital, Scranton, Pa.), to Charles Gibbs, in October.

Rena Bradley (class of 1917, Piedmont Sanatorium, Atlanta, Georgia), to Bradshaw Clark, January 1. At home, Donaldsonville, Ga.

Velma Cannon (class of 1919, Nazareth Hospital, Chicago), to Oscar Glitz, November 28.

Lola Carr (class of 1907, Wichita Training School, Wichita, Kansas), to A. G. Ratliff, December 23. At home, Milwaukee, Wis. Miss Carr was for several years secretary-treasurer of the Oklahoma Board of Nurse Registration.

Katheryn V. Collins (West Side Hospital, Scranton, Pa., and Neurological Institute, New

York), to William E. Miller, October 19. At home, New York City.

Winifred Conlin (class of 1921, Claremont General Hospital, Claremont, N. H.), to Joseph Johnson, October 25. At home, Windsor, Vt.

Julia Esther Crane (class of 1921, Research Hospital, Kansas City, Mo.), to Ralph David Copley, December 29. At home, Whittier, Calif.

Marion Jane Davies (class of 1921, Protestant Episcopal Hospital in Philadelphia), to Clair Boyd King, M.D., December 14. At home, Niles, Ohio.

Lillian Davis (class of 1918, Piedmont Sanatorium, Atlanta, Georgia), to Hemiter Greve, December 1. At home, Eufaulia, Ala.

Anne Donelson (class of 1919, Wesley Memorial, Atlanta, Georgia), to Logan Bleckley, December 12. At home, Atlanta.

Catherine Dorn (class of 1912, Milwaukee County Hospital, Wauwatosa, Wis.), to John Edward Dalton, November 8. At home, Seymour, Wis.

Mary Maxine Ewing (class of 1915, Illinois Training School, Chicago), to Robert William Hood, October 6.

Faith Elizabeth Fitzgerald (class of 1919, St. Luke's Hospital, Jacksonville, Fla.), to Ernest Pearson, November 21. At home, Daytona, Fla.

Anna Winifred Flynn (Albany Hospital, Albany, N. Y.), to Victor Bissett, December 5. At home, Santalla, Calif.

Bessie Forsythe (class of 1921, Hahnemann Hospital, Scranton, Pa.), to Arthur Darling, December 1.

Elizabeth Freimuth (class of 1919, St. Joseph's Mercy Hospital, Fort Dodge, Ia.), to Samuel Ebb, October 31. At home, Fort Dodge.

Sarah Golat (class of 1917, Huntington County Hospital, Huntington, Ind.), to Glen Smith, November 29.

Mrs. Kathryn Gilbert (Albany Hospital, Albany, N. Y.), to E. Lamb, December 6. At home, Albany, N. Y.

Amelia Griffith, to W. J. Vandemberg, M.D., December 11. At home, Milwaukee, Wis.

Blanche Hagge (class of 1919, Children's Memorial Hospital, Chicago), to J. E. Strand, in November. At home, Chicago.

Isabel R. Hattan (class of 1919, St. Vincent's Hospital, Portland, Ore.), to Earnest MacFarlain, October 1. At home, Yacolt, Wash.

Mildred Haupt (class of 1920, West Suburban Hospital, Oak Park, Ill.), to Carl Cook, October 21.

Marie Heikkenen (class of 1919, Washington Park Hospital, Chicago), to Thomas Bryant, in November.

Estella Hendy (class of 1917, Hahnemann Hospital, Scranton, Pa.), to William Thayer, December 28.

Ettie Hitt (Grady Hospital, Atlanta, Georgia), to S. O. McGee, December 28. At home, Atlanta.

Esther Hollingren (class of 1919, Augustana Hospital, Chicago)), to Hubert English, M.D., January 11.

Dorothy Horton (class of 1921, Albany Hospital, Albany, N. Y.), to Walter Strong, December 4. At home, New Jersey.

Lydia K. Ilten, (Lutheran Hospital, Sioux City, Ia.), to F. A. Hinners, December 29. At home, Cedar Rapids, Ia. Miss Ilten served overseas.

Ida Lillian Jeffreys (class 1919, Allegheny General Hospital, Pittsburgh), to William T. McClure, M.D., October 9. At home, Wheeling, W. Va.

Helen Johnson (class 1922, Madison General Hospital, Madison, Wis.), to Wayne Klein, November 2. At home, Madison.

Florence Kirk (class of 1920, St. Luke's Hospital, New York City), to Aram Philip Mooradian, January 1, 1923.

Edith M. Knehl (class of 1914, Illinois Training School, Chicago), to Hollis T. Himes, October 14. At home, Los Angeles, Calif.

Clara Langreder (class of 1916, West Suburban Hospital, Oak Park, Ill.), to Mr. Engelbrecht, November 10 .

Edith Leslie (class of 1921, Massachusetts State Infirmary, Tewksbury, Mass.), to Bliss Carpenter, October 20.

Ebba Linquist (class 1921, Allegheny General Hospital, Pittsburgh, Pa.), to Edwin Carter, December 27. At home, Pittsburgh.

Lucy McBride, (Woman's Hospital, Baltimore, Md.), to Daniel Hicks, January 3. At home, Augusta, Ga.

Veronica McGrath (class of 1921, Wash-

ington University Training School, St. Louis, Mo.), to James Stanton, M.D., November 6. At home, Detroit.

Kathryn Mahoney (class of 1912, Illinois Training School, Chicago), to Lawrence M. Mitchell, December 22. At home, Chicago.

Sara Kline Merrett (Germantown Hospital, Philadelphia, Pa.), to Gerald A. Huntley, December 23. At home, Toledo, O.

Rose Merrow (Garfield Park Hospital, Chicago, Ill.), to Eugene Reed, November 2.

Nellie G. Mulvey (class of 1917, Worcester City Hospital, Worcester, Mass.), to Thomas H. Iago, December 26.

Amalie C. Olsen (class 1909 Lutheran Deaconess Hospital, Chicago, to Joseph C. Baird, M.D., December 10. At home, Eau Claire, Wis. Miss Olsen was for many years superintendent of the Luther Hospital, Eau Claire.

Emily A. Picard (class of 1917, St. Mary's Hospital, Lewiston, Maine), to Frank J. Strobel, November 30. At home, Atlantic, Mass.

Julia Dorothy Riethmeier to Benjamin Basil Albert, December 25.

Mary Jane Rogers (class of 1922, Wesley Memorial Hospital, Chicago), to Robert Green, in November.

Lula Rohne (class 1919, St. Olaf Hospital, Austin, Minn.), to G. A. Halvor, M.D., October. At home, LeRoy, Minn.

Florence May Rover (class of 1904, Bridgeton, N. J., and 1906, Samaritan Hospital, Philadelphia, Pa.), to Wheeler Baggens. Miss Rover was a nurse at the American Baptist Dispensary, Rampuptnam, South India.

Esther Rosenthal (class of 1921, Washington University Training School, St. Louis, Mo.), to Myrle Bush, November 30. At home, St. Louis.

Lillie C. Saville (Park View Hospital, Savannah, Georgia), to J. T. White, M.D., December 7. At home, Charleston, S. C.

Gairditha K. Scaglia (class of 1921, Kahler Hospital, Rochester, Minn.), to James Spillane, November 4. At home, Rochester, Minn.

Zada R. Schoch (class 1922, Huntington County Hospital, Huntington, Ind.), to Stanley M. Casey, M.D., December 31. At home, Markle, Ind.

Nell Gertrude Tucker (class of 1920, Michael Reese Hospital, Chicago), to Wesley Eugene Robbins, December 18. At home, Chico, Calif.

Mary E. Wagner (class of 1919, Chester County Hospital, West Chester, Pa.), to Clive Sudell, December 2. At home, Parkesburg, Pa.

Maude Frances Walker (class 1919, Allegheny General Hospital, Pittsburgh, Pa.), to Raymond O. Deuch, November 29. At home, Pittsburgh, Pa.

Mabel Warner (Albany Hospital, Albany, N. Y.), to Frank Jacobs, December 9. At home, Albany, N. Y.

Elizabeth Maude Warren (class of 1913, Rhode Island Hospital, Providence, R. I.), to Thomas J. Flaherty. At home, Astoria, L. I.

Louise Weber (class of 1920, Burlington Hospital, Burlington, Iowa), to Wesley Barnett, December 23. At home, Strongburst, Ill.

Addie Mae White, (St. Margaret's Hospital, Montgomery, Ala.), to J. B. Hawks, December 26. At home, Newport News, Va.

Mazie Williams, (Georgia Baptist Hospital, Atlanta, Ga.), to Peyton H. Todd, M.D., November 16. At home, Atlanta, Ga.

DEATHS

Mrs. Etta B. Cummings (Etta Brady, class of 1876, Bellevue Hospital, New York City), on December 23, at her home in Tacoma, Wash., at the age of 73. Mrs. Cummings was the first graduate nurse of Bellevue to take up private duty nursing, which she followed until she retired from active work in 1907. Mrs. Cummings had lived in Tacoma thirty-three years. She was a charter member of the Washington State Nurses' Association and was state treasurer until 1922. She was an active worker among nurses and did all she could to uphold the standards of her profession. There are many in and around Tacoma who still remember with gratitude, the skillful and untiring care given to their loved ones. She will be missed by a wide circle of friends. During the convention in Seattle, last summer, Mrs. Cummings was daily in her place at the information desk and was unfailing in her courtesy and attention.

Mrs. Nellie Bunnell (graduate of the Illinois Training School for Nurses, Chicago), recently, at the Presbyterian Hospital, Chicago, after a long illness.

Ella Arthurine Day (class of 1918, St.

Louis Training School, St. Louis, Mo.), November 3. She was instantly killed in an automobile accident, while returning from duty. She will be greatly missed by her alumnae as she was unselfish in her devotion to duty, was cheerful and hopeful, and loyal to her school and profession.

Sarah C. Ebersole (graduate of the Illinois Training School for Nurses, Chicago), on December 12, at the Memorial Hospital, Worcester, Mass. Miss Ebersole was superintendent of the Freedmen's Hospital, Washington, D. C., before securing experience in Public Health Nursing at the Henry Street Settlement, New York. She was a member of the Visiting Nurse Association, Worcester, served as a public health nurse in Lackawanna and Scranton, Pa., and resigned her position to come to Worcester, where for ten years she was the social worker for the Memorial Hospital. She had traveled extensively in this country and abroad, studying nursing and social work. No task was too difficult for Miss Ebersole to undertake if it meant betterment of conditions for the needy, health for the sick, protection for youth, the aged, or infirm. None ever appealed to her in vain, and many boys and girls have been started on useful careers through her efforts. Many persons in all walks of life, mourn the loss of a friend. Burial was at Des Moines, Iowa.

Antoinette Faye (class of 1894, Orange Memorial Hospital, Orange, N. J.), January 9, in Denver, Colo. Miss Faye had recently moved west, after nursing in Orange for fifteen years.

Ruth Holdridge (class of 1902, Grace Hospital, Detroit), on November 14, at Royal Oak, Michigan. Miss Holdridge did private nursing for ten years in which capacity she proved to be a woman with highest professional ideals, exceptional ability, self-sacrificing, lovable, possessing an unusually buoyant temperament and devoted to her profession. She served on the staff of The Visiting Nurse Association and the Babies' Milk Fund from July, 1912 to July, 1919. Her work here was marked by excellence and unselfish devotion to the welfare of her patients and their families. Much of her work was in the interest of little children to whom she was especially attracted, and to whose mothers she so successfully appealed in her practical instructions and demonstrations in health protection and prevention of illness. She left this service to enter the nursing service of the Board of Health and was given charge of the Baby Clinic in the Franklin Street Settlement. While with the Visiting Nurse Association she had charge of the pre-natal and post-natal work in the Franklin Street Settlement, and she saw the great need of instruction. Viewing the children just beginning to walk she was worried by the many deformities she witnessed, and she worked to teach the mothers the care of their babies. Miss Holdridge had a great vision, and she kept at the work until the largest Babies' Clinic in Detroit resulted. The work she started is continuing and will never go down. The humble people of the Franklin Street Settlement pay her the highest tribute. In her love for the work, she never considered self and her strength proved unequal to the strain. She was obliged to resign in November, 1922. Her work was "a work well done."

Mrs. William N. Archer, (Margaret F. James) on December 10, at St. Anthony's Hospital, Oklahoma City, Okla. Miss James was married last July. She had previously been in charge of the training school at Roper Hospital, Charleston, S. C., and had taught at Fort McPherson, Georgia; Sandersville, Georgia; Ft. Wayne, Indiana, and other places.

Agnes Loveland (class of 1914, Northwestern Hospital, Moorhead, Minn.), on November 24, at St. Joe, Mo., of acute valvular heart disease. Miss Loveland served at Fort Riley during the war and held positions in Minot, N. D.; Dolhart, Texas, and Liberal, Kans. Burial was at Church's Ferry, N. D.

Leora Pitts (class of 1912, Wesley Memorial Hospital, Chicago, Ill.), October 22, at her home in Platteville, Wis. Miss Pitts was for five years assistant superintendent at Wesley Memorial Hospital. She will be greatly missed by all who knew her.

Mary Sullivan (class of 1894, Metropolitan School of Nursing), on October 28, in Corning, N. Y., after a lingering illness of many years.

Euphemia Wolfe (class of 1918, St. Louis Training School, St. Louis, Mo.), on September 8.

BOOK REVIEWS

Diseases of the Skin. By Henry H. Hazen, A.B., M.D. Professor of Dermatology in the Medical Department of Georgetown University and of Howard University. Second Edition. 241 illustrations. C. V. Mosby Company, St. Louis, Mo. Price, $7.50.

A book on the skin written by a teacher of medical students and medical practitioners is difficult to recommend unqualifiedly for nurses, or student nurses. A review of Dr. Hazen's book reveals so much that is good for the nurse to know, that one does not find it necessary to apologise for recommending that a special group of nurses, as those doing public health work, special nursing in skin diseases, or in executive positions attached to skin hospitals or skin clinics, or in the teaching of dermatology to nurses, use the book as their text. The early, one might say preliminary, chapters, all too often treated but lightly by the author of a book on skin diseases, has been especially well handled. The senior nurse will find herself at home in the chapter on the anatomy and physiology of the skin. Under the title of Etiology, Hazen discusses many of the well recognised group causes, but includes those that are new and only recently gaining prominence, as sensitization, and the vegetative nervous system. In this chapter, too, the subject of dermatologic lesions in the negro, to which Hazen has devoted especial study, receives adequate treatment, as does the mulatto. Nurses who work in the south, or among negroes in the north, will find much help in the paragraphs devoted to this exposition.

The symptomatology of skin diseases has a chapter of its own. Here the basic language of dermatology is given in short meaty paragraphs. The primary and secondary lesions of the skin are explained, and by a study of this chapter the nurse could easily become acquainted with the proper designation of what she sees upon the skin, and she need no longer use unscientific phrases, as pimples, blotches, etc., nor need she be ignorant of descriptions of maculopapular eruptions, or wheals.

Another of the chapters which might be read by the nurse with profit, is that on the hygiene of the skin, and the care of the hair.

The chapters on diagnosis and treatment are well written, but it would not be advisable to recommend that the nurse assume the obligations of the physician in either of these fields. The text on the individual diseases is clear, and with a known diagnosis, the nurse could read and understand the disease, should it be under her care or observation. The illustrations are those of the more common diseases, and for the most part are clinical pictures. For reference, then, this book, is fitted for the nurse in the capacities outlined in the opening paragraph of this review. This in no way mitigates against the volume for use among those for whom it was intended, and for whom it was planned and written.

Herman Goodman, B.S., M.D.
New York.

HUGHES' PRACTICE OF MEDICINE. Revised by R. J. E. Scott, M.A., B.C.L., M.D. Fellow of the New York Academy of Medicine. Twelfth edition. Revised and enlarged. 810 pages. P. Blakiston's Son & Co., Philadelphia. Price, $4.

As a reference book for nurses this book has much to commend it. The arrangement of material in the book is good, thereby making it a simple matter to find such information as may be sought about a disease. A complete digest is given of each disease, covering not only general medical diseases but neurological and skin diseases as well. The symptoms of each disease are clearly defined and particular attention is given to the possible complications of a disease.

The definitions in the book are clean-cut and the sketch of each disease is such that it will leave an impression on the reader. Fuller descriptions are given in a vivid way and for a nurse sufficient information may be obtained about any disease. The treatment advised is given in definite terms and may be followed without consulting other books. It is true that the author advises a great many drugs in certain diseases, but on the whole the treatment is conservative, presenting pretty well accepted methods of treatment, avoiding methods which have not yet been well established. There are some omissions in recent therapeutic measures but for a small volume in the Practice of Medicine, treatment is thoroughly discussed.

The chapter dealing with the symptoms of disease and physical signs will be especially helpful to nurses.

It represents one of the best works on the Practice of Medicine in a small volume and owing to its completeness commends itself to nurses thereby obviating the need of smaller special reference books.

ALBERT D. KAISER, M. D.
Rochester, N. Y.

BACTERIOLOGY IN A NUTSHELL. A Primer for Nurses. By Mary E. Reid, R.N., Charleston-on-Kanawha, W.Va. 232 pages. Price, $1.50.

When this little book first appeared, in 1904, Bacteriology was almost an unknown subject in the curriculum of a school of nursing. Almost no hospitals employed full time instructors, and none of these had had special training for teaching nurses. Laboratory teaching, except in Practical Nursing, was unknown, the instruction being given, for the most part, by lectures from the physicians and surgeons on the staff. Since the educational background of the nurses often was not high, these lectures were made simple and as interesting as possible, but rather superficial. As one reads the pages of Bacteriology in a Nutshell, she feels as if she had just attended some of these old-time lectures on the subject.

Nursing is on a more scientific basis than it was fifteen years ago, and teachers now agree that laboratory work is a necessity if a working knowledge of the subject is to be obtained. This is in contrast to a statement made in one of the numerous prefaces of this book, that "teachers agree that much laboratory work is unnecessary for the average pupil nurse."

The book contains eight chapters, plus two on Serum Therapy in the

supplement. Chapter One takes up the History of Bacteriology. This is interesting and is more complete than in most text-books. Chapters Two and Three, a matter of twenty pages, contain the general discussion of the characteristics, morphology, and relation of bacteria to disease. These chapters show the brevity of the book and many facts are omitted. Chapter Four, which takes up the defences of the body against bacterial invasion, is incomplete in itself, but with the addition of the supplement, the subject is more nearly covered, though here again, are shown the strides that the subject has made in the last few years. Chapter Five, The Common Communicable Diseases, is one of the best. The diseases and their application to nursing, are discussed with some thoroughness. Chapter Six considers Bacteria in Surgery. This material is usually given in the course in nursing procedures. It is hard to imagine the nursing staff of a modern operating room, committing the blunders which might cause sepsis, cited on page 125. Chapter Seven is on Solutions, Their Uses and Preparation. The old reliable solutions familiar to us all are given. Only the apothecaries' system of weights and measures is used, which seems odd, considering the common use of the metric system in making solutions. Chapter Eight, Hygienic Precautions against Bacterial Invasion, belongs in a book on personal hygiene.

This book might have a place as a text in schools for attendants or in schools of nursing in which the minimum number of hours is given to this subject. It does not seem adequate for a text in the schools giving a special course in their preliminary term. If a text-book is to be placed in the hands of pupil nurses, it should be a general one, based on laboratory study, indexed similarly to larger works on bacteriology, and an aid to further study. However, this would be good to have in the reference library, on account of its simplicity, and its historical notes.

Susie A. Watson, R.N.
Rochester, New York.

Plans and Illustrations of Prisons and Reformatories. Collected by Hastings H. Hart, L.L.D. Russell Sage Foundation, New York City. Price, $2.50.

This book is of interest to nurses because of the new emphasis on the health of prisoners; for example, Sing Sing has a Clinic Building in which every inmate will have a complete physical and mental examination, since it is assumed that the whole population of a prison may be abnormal. The building is described as a hospital equipped for the care of all types of illness. It is intended that the building shall be used, also, as a school for male nurses. Other interesting plans are those of the maternity cottage at the New Jersey State Reformatory for Women.

An Outline for Study. By Joseph B. DeLee, A.M., M.D. W. B. Saunders Company, Philadelphia.

The outlines of twelve lessons are for use in connection with the new edition of Dr. DeLee's "Obstetrics for Nurses." It will prove useful to instructors who use the book as a text and who have not had training in the organization of material.

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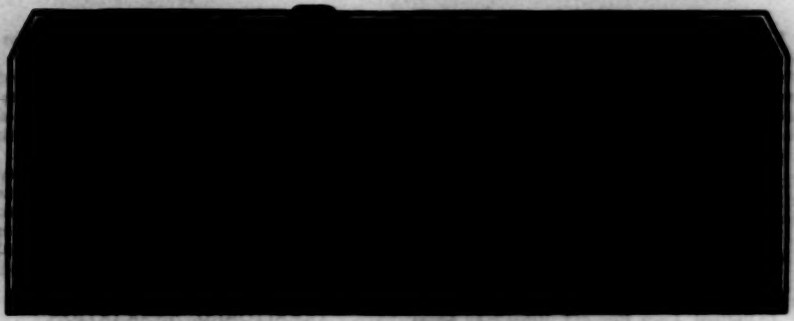

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Alabama, Florida

Between 60% and 70%
Mississippi, Kentucky

Between 50% and 60%
West Virginia, New Mexico, South Dakota, Illinois, Wisconsin, Indiana, Ohio, Wyoming, Virginia

Between 40% and 50%
Pennsylvania, Kansas, North Dakota, Arizona, Iowa, Idaho, North Carolina, Maine

Between 30% and 40%
New Hampshire, Georgia, Michigan, Massachusetts, Minnesota, Nebraska, Oregon, Arkansas, Texas, South Carolina, New Jersey, District of Columbia

Between 20% and 30%
Delaware, Rhode Island, Nevada, Washington, Connecticut, Montana, Colorado, New York, Tennessee, Missouri, Maryland, Louisiana, Vermont, Hawaii

Less than 20%
California, Utah

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